

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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COMPLETED INTERVAL REPORT

Document Number:

2511515

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 47120 4. Contact Name: KENNY TRUEAX
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 9296383
 3. Address: P O BOX 173779 Fax: (720) 9297383
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-30871-00 6. County: WELD
 7. Well Name: WITTEMYER Well Number: 40-2
 8. Location: QtrQtr: SENE Section: 2 Township: 2N Range: 67W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING
 Treatment Date: 07/12/2010 Date of First Production this formation: 07/26/2010
 Perforations Top: 7420 Bottom: 7649 No. Holes: 126 Hole size: 38/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
 NB PERF 7420-7512 HOLES 72 SIZE .42 CODL PERF 7631-7649 HOLES 54 SIZE .38
 FRAC NB W/ 250 GAL 15% HC1 & 242720 GAL SW W/ 200420# 40/70 SAND & 4000# SUPERLC
 FRAC CD W/198996 GAL SW W 150100# 40/70 SAND AND 4000# SUPERLC
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 07/30/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
 Calculated 24 hour rate: _____ Bbls oil: 44 Mcf Gas: 134 Bbls H2O: 0 GOR: 3045
 Test Method: FLOWING Casing PSI: 2500 Tubing PSI: _____ Choke Size: 12/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1190 API Gravity Oil: 47
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
 Reason for Non-Production: _____
 Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: _____ Sacks cement on top: _____

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: KENNY TRUEAX

Title: REGULATORY ANALYST II Date: 8/4/2010 Email KENNY.TRUEAX@ANADARKO.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Neslin Director of COGCC Date: 12/2/2010

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)