

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:
400085603

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
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-37
4. Contact Name: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-30868-00
6. County: WELD
7. Well Name: WITTEMYER Well Number: 24-2
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: 07/09/2010 Date of First Production this formation: 07/26/2010

Perforations Top: 7238 Bottom: 7516 No. Holes: 126 Hole size: 3/8

Provide a brief summary of the formation treatment: _____ Open Hole:

NB PERF 7238-7378 HOLES 72 SIZE 0.38 CD PERF 7498-7516 HOLES 54 SIZE 0.38
Frac NB w/ 250 gal 15% HCl & 242,594 gal SW w/ 200,900# 40/70 & 4,000# SuperLC
Frac CD w/ 200,382 gal SW w/ 150,660# 40/70 & 4,000# SuperLC

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/30/2010 Hours: 24 Bbls oil: 47 Mcf Gas: 114 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 47 Mcf Gas: 114 Bbls H2O: 0 GOR: 2426

Test Method: FLOWING Casing PSI: 2550 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: Cindy Vue

Title: Regulatory Analyst II Date: 8/19/2010 Email Cindy.Vue@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)