

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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Document Number:

2511781

COMPLETED INTERVAL REPORT

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 05-123-30987-00 6. County: WELD
7. Well Name: NORTHGLENN STATE Well Number: 3-36
8. Location: QtrQtr: NWNE Section: 36 Township: 1N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>07/09/2010</u>	Date of First Production this formation: <u>08/04/2010</u>
Perforations Top: <u>7836</u> Bottom: <u>8272</u>	No. Holes: <u>126</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
NB PERF 7836-8108 HOLES 62 SIZE 0.38 CD PERF 8256-8172 HOLES 64 SIZE 0.42 FRAC NB W/ 243,201 GAL SW, 247 GAL HC1, 200,200# 40/70 SAND, 4,000# SB SAND. FRAC CD W/ 204,206 GAL SW, 150,080# 40/70 SAND, 4000# SB SAND.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>08/05/2010</u> Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____	
Calculated 24 hour rate: _____ Bbls oil: <u>5</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u> GOR: <u>5000</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1500</u> Tubing PSI: _____ Choke Size: <u>10/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1204</u> API Gravity Oil: <u>47</u>	
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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 ANALYSTII Date: 8/12/2010 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: 12/3/2010

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)