

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:
2511596

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

5. API Number 05-123-21998-00 6. County: WELD
7. Well Name: WARNER Well Number: 5-14
8. Location: QtrQtr: SWNW Section: 14 Township: 2N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 06/11/2010 Date of First Production this formation: 07/29/2010

Perforations Top: 7280 Bottom: 7522 No. Holes: 159 Hole size: 38/100

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

NBRR PERF 7280-7384 HOLES 77 SIZE 0.42 CODL PERF 7504-7522 HOLES 82 SIZE 0.38 REFRAC NBRR W/500 GAL 15% HCL & 254,998 GAL SW & 194,500# 40/70 SAND & 4,000# SB EXCEL. REFRAC CODL W/231,714 GAL SW & 150,460# 40/70 SAND & 4,000# SB EXCEL.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/06/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: Bbls oil: 60 Mcf Gas: 172 Bbls H2O: 0 GOR: 2867

Test Method: FLOWING Casing PSI: 7496 Tubing PSI: 7 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1344 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7496 Tbg setting date: 07/13/2010 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: 8/9/2010 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: 12/9/2010

Attachment Check List

Att Doc Num	Name
2511596	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)