

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:

400115375

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) 929-6383
 3. Address: P O BOX 173779 Fax: (720) 929-7383
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-26259-00 6. County: WELD
 7. Well Name: DOUTHIT Well Number: 25-26
 8. Location: QtrQtr: SWNE Section: 26 Township: 3N Range: 68W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED
 Treatment Date: _____ Date of First Production this formation: 03/10/2008
 Perforations Top: 7422 Bottom: 7437 No. Holes: 60 Hole size: 0.42
 Provide a brief summary of the formation treatment: _____ Open Hole:
 Set RBP at 7400' w/sand to 7225' on 10/19/2010; Drilled out on 11/13/2010
 Commingled with Niobrara 11/19/2010
 This formation is commingled with another formation: Yes No
Test Information:
 Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
 Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
 Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
 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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/17/2010 Date of First Production this formation: 11/19/2010

Perforations Top: 7182 Bottom: 7437 No. Holes: 120 Hole size: _____

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

NB Perfs: 7182-7288 Holes: 60 Size: .38
Frac NB w/ 252 gal 15% HCl & 244,692 gal Slickwater w/ 200,270# 40/70 sand, 4,180# SB Excel sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/07/2010 Hours: 24 Bbls oil: 39 Mcf Gas: 92 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 39 Mcf Gas: 92 Bbls H2O: 0 GOR: 2359

Test Method: Flowing Casing PSI: 916 Tubing PSI: 765 Choke Size: 26/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1293 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7389 Tbg setting date: 11/13/2010 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: Kenny Trueax

Title: Regulatory Analyst II Date: _____ 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: _____ Director of COGCC _____ Date: _____

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)