

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:

2512134

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 05-123-20957-00 6. County: WELD
 7. Well Name: RIES Well Number: 3-19
 8. Location: QtrQtr: NENW Section: 19 Township: 2N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED
 Treatment Date: 07/13/2010 Date of First Production this formation: 10/22/2002
 Perforations Top: 7670 Bottom: 7710 No. Holes: 75 Hole size: 45/100
 Provide a brief summary of the formation treatment: Open Hole:
SET SAND PLUG @ 7446'.
 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:
JSND TEMPORARILY ABANDONED FOR NB-CD RECOMPLETE.
 Date formation Abandoned: 07/13/2010 Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: 7466 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 07/20/2010 Date of First Production this formation: 08/03/2010

Perforations Top: 6984 Bottom: 7227 No. Holes: 122 Hole size: 38/100

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

NBRR PERF 6984-7074 HOLES 62 SIZE 0.42. CODL PERF 7215-7227 HOLES 60 SIZE 0.38. FRAC NBRR W/250 GAL 15% HC1 & 253,220 GAL SW & 200,140# 40/70 SAND & 4,000# SB EXCEL. FRAC CODL W/202,902 GAL SW & 150,160# 40/70 SAND & 4,000# SB EXCEL.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/12/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 110 Mcf Gas: 173 Bbls H2O: 0 GOR: 1573

Test Method: FLOWING Casing PSI: 600 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1152 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 Date: 8/16/2010 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: 12/10/2010

Attachment Check List

Att Doc Num	Name
2512134	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)