

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:

400111756

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 05-123-31364-00
6. County: WELD
7. Well Name: WESTERN
Well Number: 28-15
8. Location: QtrQtr: SESW Section: 10 Township: 4N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: PRODUCING
Treatment Date: 11/02/2010 Date of First Production this formation: 11/11/2010
Perforations Top: 7806 Bottom: 7828 No. Holes: 54 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole: [ ]
Frac J-Sand w/ 144,732 gal Slickwater w/ 116,240# 40/70, 4,000# SB Excel.
This formation is commingled with another formation: [ ] Yes [X] No
Test Information:
Date: 12/13/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 3 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 3 Bbls H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 3200 Tubing PSI: Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1210 API Gravity Oil: 63
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: 11/02/2010 Date of First Production this formation: 11/11/2010

Perforations Top: 7040 Bottom: 7358 No. Holes: 130 Hole size: 0.38

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

Perf NB 7040-7238 Holes 66 Size 0.38 Perf CD 7342-7358 Holes 64 Size 0.38  
Frac Niobrara w/ 250 gal 15% HCl & 244,776 gal Slickwater w/ 200,040# 40/70, 4,000# SB Excel.  
Frac Codell w/ 203,549 gal Slickwater w/ 151,280# 40/70, 4,000# SB Excel.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 12/13/2010 Hours: 24 Bbls oil: 1 Mcf Gas: 278 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 278 Bbls H2O: 0 GOR: 27800

Test Method: FLOWING Casing PSI: 3200 Tubing PSI: \_\_\_\_\_ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1210 API Gravity Oil: 63

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: \_\_\_\_\_ 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: \_\_\_\_\_ 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)