

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:
400088978

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 05-123-23351-00 6. County: WELD
 7. Well Name: SEATON Well Number: 2-18
 8. Location: QtrQtr: NWNE Section: 18 Township: 2N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED
 Treatment Date: 07/26/2010 Date of First Production this formation: 08/13/2010
 Perforations Top: 7369 Bottom: 7386 No. Holes: 88 Hole size: 0.35
 Provide a brief summary of the formation treatment: Open Hole:
 Reperf CODL 7370-7380 Holes 20 Size 0.38.
 Refrac CODL w/ 250 gal 15% HCl & 199,038 gal SW & 150,00# 40/70 sand & 4,000# SB Excel.
 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: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 07/19/2010 Date of First Production this formation: 10/27/2008

Perforations Top: 7808 Bottom: 7845 No. Holes: 40 Hole size: 38/100

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

Set sand plug @ 7500'.

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 CODL refrac/NBRR recomplete.

Date formation Abandoned: 07/19/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7500 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 07/26/2010 Date of First Production this formation: 08/13/2010

Perforations Top: 7130 Bottom: 7386 No. Holes: 148 Hole size: 38/100

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

NBRR Perf 7130-7240 Holes 60 Size 0.42 CODL Perf 7369-7386 Holes 88 Size 0.38

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/20/2010 Hours: 24 Bbls oil: 18 Mcf Gas: 104 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 18 Mcf Gas: 104 Bbls H2O: 0 GOR: 5778

Test Method: FLOWING Casing PSI: 1681 Tubing PSI: 1310 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1272 API Gravity Oil: 53

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7331 Tbg setting date: 08/03/2010 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 07/26/2010 Date of First Production this formation: 08/13/2010

Perforations Top: 7130 Bottom: 7240 No. Holes: 60 Hole size: 41/100

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

Frac NBRR w/ 244,736 gal SW & 200,040# 40/70 sand & 4,000# SB Excel.

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: _____

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: 8/30/2010 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: 12/16/2010

Attachment Check List

Att Doc Num	Name
400088978	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)