



COMPLETED INTERVAL REPORT

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.

Document Number:

400117782

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 05-123-31342-00

6. County: WELD

7. Well Name: KERR-MCGEE

Well Number: 10-3

8. Location: QtrQtr: NWSW Section: 3 Township: 1N Range: 68W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date:	10/18/2010	Date of First Production this formation:	12/07/2010
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Perforations	Top:	8008	Bottom:	8258	No. Holes:	132	Hole size:	0.42
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Provide a brief summary of the formation treatment: Open Hole: ☐

NB Perf 8008-8108 Holes 72 Size 0.42 CD Perf 8238-8258 Holes 60 Size 0.42
Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 251,624 gal Slickwater w/ 200,900# 40/70, 4,000# SB Excel
Frac Codell down 4-1/2" Csg w/ 202,734 gal Slickwater w/ 150,120# 40/70, 4,000# SB Excel

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date:	12/15/2010	Hours:	24	Bbls oil:	63	Mcf Gas:	284	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	63	Mcf Gas:	284	Bbls H2O:	0	GOR:	4508
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Test Method: FLOWING	Casing PSI: 1825	Tubing PSI:	Choke Size: 16/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	API Gravity Oil:	51
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Tubing Size:	Tubing Setting Depth:	Tbg setting date:	Packer Depth:
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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

User Group	Comment	Comment Date

Total: 0 comment(s)