

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:

400092736

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 05-123-21576-00 6. County: WELD
 7. Well Name: FRICO Well Number: 3-14
 8. Location: QtrQtr: NWNE Section: 14 Township: 3N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED
 Treatment Date: 08/19/2010 Date of First Production this formation: 08/31/2010
 Perforations Top: 7556 Bottom: 7574 No. Holes: 54 Hole size: 38/100
 Provide a brief summary of the formation treatment: Open Hole:
 Drill out CIBP set @ 7520' to commingle CODL w/ NBRR.
 Reperf CODL 7556-7566 Holes 40 Size 0.38.
 Refrac CODL w/ 165,102 gal SW & 116,000# 40/70 sand & 4,000# 20/40 SuperLC.
 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: 08/19/2010 Date of First Production this formation: 08/31/2010

Perforations Top: 7264 Bottom: 7574 No. Holes: 176 Hole size: 38/100

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

NBRR Perf 7264-7436 Holes 122 Size 0.42 CODL Perf 7556-7574 Holes 54 Size 0.38

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/05/2010 Hours: 24 Bbls oil: 8 Mcf Gas: 137 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 8 Mcf Gas: 137 Bbls H2O: 0 GOR: 17125

Test Method: FLOWING Casing PSI: 828 Tubing PSI: 491 Choke Size: 26/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1184 API Gravity Oil: 57

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7515 Tbg setting date: 08/24/2010 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: 08/31/2010 Date of First Production this formation: 04/12/2007

Perforations Top: 7264 Bottom: 7436 No. Holes: 122 Hole size: 42/100

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

No additional treatment.

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: 9/14/2010 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. Nashin Director of COGCC Date: 12/22/2010

Attachment Check List

Att Doc Num	Name
400092736	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)