

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400093868

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.

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 05-123-18827-00 6. County: WELD
7. Well Name: HSR-SEKICH Well Number: 16-17
8. Location: QtrQtr: SESE Section: 17 Township: 3N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>08/18/2010</u>	Date of First Production this formation: <u>09/02/2010</u>
Perforations Top: <u>6946</u> Bottom: <u>7170</u>	No. Holes: <u>78</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>NBRR Perf 6946-6947 Holes 2 Size 0.31 CODL Perf 7152-7170 Holes 76 Size 0.38</u> <u>Reperf CODL 7152-7170 Holes 36 Size 0.38.</u> <u>Trifrac CODL w/ 121,464 gal pHaser & 261,740# 20/40 sand & 4,000# SB Excel.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>09/12/2010</u> Hours: <u>24</u> Bbls oil: <u>8</u> Mcf Gas: <u>84</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>8</u> Mcf Gas: <u>84</u> Bbls H2O: <u>0</u> GOR: <u>10500</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>669</u> Tubing PSI: <u>387</u> Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1266</u> API Gravity Oil: <u>51</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7117</u> Tbg setting date: <u>08/25/2010</u> Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 9/20/2010 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: 12/23/2010

Attachment Check List

Att Doc Num	Name
400093868	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)