

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:

400095607

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 05-123-16451-00 6. County: WELD
7. Well Name: MCCARTHY Well Number: 11-12
8. Location: QtrQtr: NWNW Section: 12 Township: 4N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/10/2010 Date of First Production this formation: 09/16/2010

Perforations Top: 6870 Bottom: 7208 No. Holes: 79 Hole size: 38/100

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

NBRR Perf 6870-7008 Holes 19 CODL Perf 7192-7208 Holes 60 Size 0.38
Reperf CODL 7203-7208 Holes 10 Size 0.38.
Trifrac CODL w/ 162,204 gal SW & 115,960# 20/40 sand & 4,000# SB Excel.

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/24/2010 Hours: 24 Bbls oil: 1 Mcf Gas: 120 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 120 Bbls H2O: 0 GOR: 12000

Test Method: FLOWING Casing PSI: 243 Tubing PSI: Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1204 API Gravity Oil: 64

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: 9/28/2010 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
400095607	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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