

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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Document Number:

400117751

**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 05-123-31354-00 6. County: WELD  
7. Well Name: KERR-MCGEE Well Number: 11-3  
8. Location: QtrQtr: NWSW Section: 3 Township: 1N Range: 68W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBARRA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/11/2010</u>	Date of First Production this formation: <u>12/07/2010</u>
Perforations Top: <u>7638</u> Bottom: <u>7866</u>	No. Holes: <u>132</u> Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>NB Perf 7638-7714 Holes 60 Size 0.42 CD Perf 7842-7866 Holes 72 Size 0.42</u> <u>Frac Niobrara B &amp; C down 4-1/2" Csg w/ 250 gal 15% HCl &amp; 248,138 gal Slickwater w/ 101,640# 40/70, 4,000# SB Excel</u> <u>Frac Codell down 4-1/2" Csg w/ 205,716 gal Slickwater w/ 75,440# 40/70, 4,000# SB Excel</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>12/15/2010</u> Hours: <u>24</u> Bbls oil: <u>95</u> Mcf Gas: <u>260</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>95</u> Mcf Gas: <u>260</u> Bbls H2O: <u>0</u> GOR: <u>2737</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>2350</u> Tubing PSI: <u>      </u> Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>      </u> API Gravity Oil: <u>51</u>	
Tubing Size: <u>      </u> Tubing Setting Depth: <u>      </u> Tbg setting date: <u>      </u> Packer Depth: <u>      </u>	
Reason for Non-Production: <u>      </u>	
Date formation Abandoned: <u>      </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u>      </u>	
Bridge Plug Depth: <u>      </u> Sacks cement on top: <u>      </u>	

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: 12/20/2010 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: 1/6/2011

**Attachment Check List**

Att Doc Num	Name
400117751	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)