

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:

400124506

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: Kenny Trueax
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6383
 3. Address: P O BOX 173779 Fax: (720) 929-7383
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-20969-00 6. County: WELD
 7. Well Name: OPEN Well Number: 10-25
 8. Location: QtrQtr: NWSE Section: 25 Township: 2N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED
 Treatment Date: 11/23/2010 Date of First Production this formation: 12/27/2010
 Perforations Top: 7190 Bottom: 7206 No. Holes: 64 Hole size: 0.38
 Provide a brief summary of the formation treatment: Open Hole:
Commingled with Niobrara
 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: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 07/09/2010 Date of First Production this formation: 10/03/2002

Perforations Top: 7628 Bottom: 7664 No. Holes: 56 Hole size: 0.38

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

Set sand plug at 7731'

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: _____

TA for Niobrara/Codell recomplete

Date formation Abandoned: 07/09/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/23/2010 Date of First Production this formation: 12/27/2010

Perforations Top: 6988 Bottom: 7206 No. Holes: 124 Hole size: 0.42

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

NB Perf 6988-7080 Holes 60 Size .42
Frac NB w/ 252 gal 15% HCl & 246,099 gal Slickwater w/ 201,220# 40/70 sand & 4,000# 20/40 SuperLC sand
CD Perf 7190-7206 Holes 64 Size .38
Frac CD w/ 195,565 gal Slickwater w/ 150,440# 40/70 sand & 4,000# 20/40 SuperLC sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/15/2011 Hours: 24 Bbls oil: 36 Mcf Gas: 119 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 36 Mcf Gas: 119 Bbls H2O: 0 GOR: 3305

Test Method: Flowing Casing PSI: 1189 Tubing PSI: 807 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1133 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7176 Tbg setting date: 12/20/2010 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: _____

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Kenny Trueax

Title: Regulatory Analyst II

Date: _____

Email Kenny.Trueax@anadarko.com

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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)