



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.

Document Number:

400122058

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 05-123-31545-00

6. County: WELD

7. Well Name: EVERIST

Well Number: 28-5

8. Location: QtrQtr: NWSE Section: 32 Township: 3N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date:	12/09/2010	Date of First Production this formation:	12/20/2010
-----------------	------------	--	------------

Perforations	Top:	7534	Bottom:	7800	No. Holes:	120	Hole size:	0.38
--------------	------	------	---------	------	------------	-----	------------	------

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

NB Perf 7534-7646 Holes 60 Size 0.42 CD Perf 7780-7800 Holes 60 Size 0.38
Frac Niobrara A & B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 239,849 gal Slickwater w/ 200,250# 40/70, 4,000# SB Excel.
Frac Codell down 4-1/2" Csg w/ 203,087 gal Slickwater w/ 150,100# 40/70, 4,000# SB Excel.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date:	01/04/2011	Hours:	24	Bbls oil:	70	Mcf Gas:	213	Bbls H2O:	0
-------	------------	--------	----	-----------	----	----------	-----	-----------	---

Calculated 24 hour rate:	Bbls oil:	70	Mcf Gas:	213	Bbls H2O:	0	GOR:	3043
--------------------------	-----------	----	----------	-----	-----------	---	------	------

Test Method: FLOWING	Casing PSI: 3000	Tubing PSI:	Choke Size: 14/64
----------------------	------------------	-------------	-------------------

Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1257	API Gravity Oil:	49
------------------	------	-----------	-----	----------	------	------------------	----

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: 1/10/2011 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: 1/19/2011

Attachment Check List

Att Doc Num	Name
400122058	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)