

**FORM  
5A**Rev  
02/08State 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:

400125281

**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: CARA MAHLER  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029  
3. Address: P O BOX 173779 Fax: (720) 929-7029  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-31367-00 6. County: WELD  
7. Well Name: KERR-MCGEE Well Number: 23-3  
8. Location: QtrQtr: NWSW Section: 3 Township: 1N Range: 68W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>10/28/2010</u>		Date of First Production this formation: <u>12/08/2010</u>		
Perforations	Top: <u>7830</u>	Bottom: <u>8076</u>	No. Holes: <u>132</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<p>NB PERF 7830-7928 HOLES 72 SIZE 0.38 CD PERF 8056-8076 HOLES 60 SIZE 0.38 Frac Niobrara B &amp; C down 4-1/2" Csg w/ 252 gal 15% HCl &amp; 249,858 gal Slickwater w/ 102,060# 40/70, 4,000# SB Excel. Frac Codell down 4-1/2" Csg w/ 205,002 gal Slickwater w/ 75,080# 40/70, 4,000# SB Excel, 0# NA.</p>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>Test Information:</b>				
Date: <u>12/10/2010</u>	Hours: <u>24</u>	Bbls oil: <u>70</u>	Mcf Gas: <u>159</u>	Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>70</u>	Mcf Gas: <u>159</u>	Bbls H2O: <u>0</u> GOR: <u>2271</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>2450</u>	Tubing PSI: _____	Choke Size: <u>10/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1315</u>	API Gravity Oil: <u>53</u>	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	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: CARA MAHLERTitle: REGULATORY ANALYST I Date: \_\_\_\_\_ Email: CARA.MAHLER@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: \_\_\_\_\_ 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)