

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:

400125346

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 05-123-31536-00 6. County: WELD
 7. Well Name: EVERIST Well Number: 40-32
 8. Location: QtrQtr: NWSE Section: 32 Township: 3N Range: 67W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING
 Treatment Date: 12/06/2010 Date of First Production this formation: 12/20/2010
 Perforations Top: 7226 Bottom: 7538 No. Holes: 120 Hole size: 0.42
 Provide a brief summary of the formation treatment: _____ Open Hole:
 NB PERF 7226-7414 HOLES 60 SIZE 0.42 CD PERF 7518-7538 HOLES 60 SIZE 0.38
 Frac Niobrara A & B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 244,327 gal Slickwater w/ 201,360# 40/70, 4,000# SB Excel.
 Frac Codell down 4-1/2" Csg w/ 208,953 gal Slickwater w/ 150,680# 40/70, 4,000# SB Excel.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 12/23/2010 Hours: 24 Bbls oil: 55 Mcf Gas: 4 Bbls H2O: 0
 Calculated 24 hour rate: _____ Bbls oil: 55 Mcf Gas: 4 Bbls H2O: 0 GOR: 73
 Test Method: FLOWING Casing PSI: 1602 Tubing PSI: _____ Choke Size: 14/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1280 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: CARA MAHLER
 Title: 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)