

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400111784

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 05-123-31350-00 6. County: WELD
 7. Well Name: WESTERN Well Number: 35-10
 8. Location: QtrQtr: SESW Section: 10 Township: 4N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING
 Treatment Date: 11/05/2010 Date of First Production this formation: 11/11/2010
 Perforations Top: 7126 Bottom: 7344 No. Holes: 120 Hole size: 0.38
 Provide a brief summary of the formation treatment: Open Hole:
 Perf NB 7126-7224 Holes 66 Size 0.38 Perf CD 7326-7344 Holes 54 Size 0.38
 Frac Niobrara w/ 250 gal 15% HCl & 250,764 gal Slickwater w/ 200,640# 40/70, 4,000# SB Excel
 Frac Codell w/ 202,235 gal Slickwater w/ 150,000# 40/70, 4,000# SB Excel
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 11/25/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 255 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 255 Bbls H2O: 0 GOR: _____
 Test Method: FLOWING Casing PSI: 2600 Tubing PSI: _____ Choke Size: 14/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1217 API Gravity Oil: 62
 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: 11/29/2010 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: 1/20/2011

Attachment Check List

Att Doc Num	Name
400111784	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)