

**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



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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:

400111784

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 IntervalFORMATION: NIOBARRA-CODELL Status: PRODUCINGTreatment Date: 11/05/2010 Date of First Production this formation: 11/11/2010Perforations Top: 7126 Bottom: 7344 No. Holes: 120 Hole size: 0.38Provide 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: 0Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 255 Bbls H2O: 0 GOR: Test Method: FLOWING Casing PSI: 2600 Tubing PSI: Choke Size: 14/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1217 API Gravity Oil: 62Tubing 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 VueTitle: Regulatory Analyst II Date: 11/29/2010 Email Cindy.Vue@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: 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)