

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 |
|----|----|----|----|

Document Number:

400125083

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: 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 05-123-24156-00 6. County: WELD
7. Well Name: REYNOLDS Well Number: 4-24
8. Location: QtrQtr: NWNW Section: 24 Township: 3N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

| | |
|--|---|
| FORMATION: <u>CODELL</u> | Status: <u>COMMINGLED</u> |
| Treatment Date: <u>12/02/2010</u> | Date of First Production this formation: <u>01/29/2007</u> |
| Perforations Top: <u>7376</u> Bottom: <u>7390</u> | No. Holes: <u>56</u> Hole size: <u>0.45</u> |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| <u>11/19/06-Frac w/ 165,343 gal SW w/ 115,580# 30/50 sand</u> <u>12/2/10- Re-Frac w/ 166,110 gal SW w/ 115,720# 40/70 & 4,000# SB Excel</u> | |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Test Information: | |
| Date: _____ Hours: _____ | Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ |
| Calculated 24 hour rate: _____ | Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____ |
| Test Method: _____ | Casing PSI: _____ Tubing PSI: _____ Choke Size: _____ |
| Gas Disposition: _____ | Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____ |
| 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: _____ | |

| | | | | | |
|--|-----------------------------------|---|-------------------------------------|------------------------|---------------|
| FORMATION: <u>NIOBRARA-CODELL</u> | | | Status: <u>PRODUCING</u> | | |
| Treatment Date: <u>12/02/2010</u> | | Date of First Production this formation: <u>12/15/2010</u> | | | |
| Perforations | Top: <u>7116</u> | Bottom: <u>7390</u> | No. Holes: <u>116</u> | Hole size: <u>0.42</u> | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| NB Perf 7116-7253 Holes 60 Size 0.42 CD Perf 7376-7390 Holes 56 Size 0.45 | | | | | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| Test Information: | | | | | |
| Date: <u>01/13/2011</u> | Hours: <u>24</u> | Bbls oil: <u>0</u> | Mcf Gas: <u>250</u> | Bbls H2O: <u>0</u> | |
| Calculated 24 hour rate: | | Bbls oil: <u>0</u> | Mcf Gas: <u>250</u> | Bbls H2O: <u>0</u> | GOR: <u>0</u> |
| Test Method: <u>FLOWING</u> | Casing PSI: <u>1005</u> | Tubing PSI: <u>851</u> | Choke Size: <u>16/64</u> | | |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u> | BTU Gas: <u>1326</u> | API Gravity Oil: <u>50</u> | | |
| Tubing Size: <u>2 + 3/8</u> | Tubing Setting Depth: <u>7356</u> | Tbg setting date: <u>12/09/2010</u> | Packer Depth: _____ | | |
| Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | |
| 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: _____ | | | |

| | | | | | |
|--|-----------------------------|---|-------------------------------------|------------------------|------------|
| FORMATION: <u>NIOBRARA</u> | | | Status: <u>COMMINGLED</u> | | |
| Treatment Date: <u>12/02/2010</u> | | Date of First Production this formation: <u>12/15/2010</u> | | | |
| Perforations | Top: <u>7116</u> | Bottom: <u>7253</u> | No. Holes: <u>60</u> | Hole size: <u>0.42</u> | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| Frac NB w/ 250 gal 15% HCl & 247,069 gal SW w/ 201,320# 40/70 & 4,000# SB Excel. | | | | | |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Test Information: | | | | | |
| Date: _____ | Hours: _____ | Bbls oil: _____ | Mcf Gas: _____ | Bbls H2O: _____ | |
| Calculated 24 hour rate: | | Bbls oil: _____ | Mcf Gas: _____ | Bbls H2O: _____ | GOR: _____ |
| Test Method: _____ | Casing PSI: _____ | Tubing PSI: _____ | Choke Size: _____ | | |
| Gas Disposition: _____ | Gas Type: _____ | BTU Gas: _____ | API Gravity Oil: _____ | | |
| Tubing Size: _____ | Tubing Setting Depth: _____ | Tbg setting date: _____ | Packer Depth: _____ | | |
| Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | |
| 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: Cindy Vue

Title: Regulatory Analyst II Date: 1/19/2011 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: 1/21/2011

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400125083 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)