

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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Document Number:

400125102

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 05-123-23648-00 6. County: WELD
7. Well Name: WAGNER Well Number: 21-25
8. Location: QtrQtr: SWNE Section: 25 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>12/13/2010</u>	Date of First Production this formation: <u>04/18/2006</u>
Perforations Top: <u>7366</u> Bottom: <u>7388</u>	No. Holes: <u>66</u> Hole size: <u>0.45</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Re-Frac 12/13/2010 w/ 192,443 gal SW w/ 150,080# 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>12/13/2010</u>		Date of First Production this formation: <u>12/16/2010</u>			
Perforations	Top: <u>7120</u>	Bottom: <u>7388</u>	No. Holes: <u>132</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
NB Perf 7120-7226 Holes 66 Size 0.42 CD Perf 7366-7388 Holes 66 Size 0.45					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>01/18/2011</u>	Hours: <u>24</u>	Bbls oil: <u>15</u>	Mcf Gas: <u>48</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>15</u>	Mcf Gas: <u>48</u>	Bbls H2O: <u>0</u>	GOR: <u>3200</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>383</u>	Tubing PSI: <u>345</u>	Choke Size: <u>48/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1273</u>	API Gravity Oil: <u>49</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: _____			

FORMATION: <u>NIOBRARA</u>			Status: <u>COMMINGLED</u>		
Treatment Date: <u>12/13/2010</u>		Date of First Production this formation: <u>12/16/2010</u>			
Perforations	Top: <u>7120</u>	Bottom: <u>7226</u>	No. Holes: <u>66</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Frac w/ 250 gal 15% HCl & 228,663 gal SW w/ 201,080# 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: _____					
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: <u>Cindy Vue</u>	
Title: <u>Regulatory Analyst II</u>	Date: <u>1/19/2011</u>	Email: <u>Cindy.Vue@anadarko.com</u>	

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
400125102	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)