

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:

400126710

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 05-123-22311-00 6. County: WELD
 7. Well Name: WARDELL Well Number: 21-29
 8. Location: QtrQtr: NWNE Section: 29 Township: 3N Range: 65W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED
 Treatment Date: 07/24/2007 Date of First Production this formation: 09/07/2004
 Perforations Top: 7314 Bottom: 7330 No. Holes: 32 Hole size: 0.38
 Provide a brief summary of the formation treatment: _____ Open Hole:

 Drilled down CIBP to commingle with NBRR and J Sand production.
 This formation is commingled with another formation: Yes 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: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: J SAND Status: PRODUCING

Treatment Date: 07/24/2007 Date of First Production this formation: 03/26/2006

Perforations Top: 7710 Bottom: 7762 No. Holes: 138 Hole size: 0.38

Provide a brief summary of the formation treatment: _____ Open Hole:

Drilled out CIBP to commingle with NB/CD production.

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/17/2011 Hours: 24 Bbls oil: 1 Mcf Gas: 7 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 7 Bbls H2O: 0 GOR: 7000

Test Method: FLOWING Casing PSI: 1150 Tubing PSI: 850 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1254 API Gravity Oil: 55

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7681 Tbg setting date: 07/25/2007 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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 07/24/2007 Date of First Production this formation: 07/27/2007

Perforations Top: 7005 Bottom: 7330 No. Holes: 131 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole:

Drilled down CIBP to commingled NB/CD and J Sand production.

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/17/2011 Hours: 24 Bbls oil: 9 Mcf Gas: 31 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 9 Mcf Gas: 31 Bbls H2O: 0 GOR: 3444

Test Method: FLOWING Casing PSI: 1150 Tubing PSI: 850 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1254 API Gravity Oil: 55

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7681 Tbg setting date: 07/25/2007 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 07/24/2007 Date of First Production this formation: 07/12/2007

Perforations Top: 7005 Bottom: 7184 No. Holes: 99 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole:

Drilled down CIBP to commingle with CODL and J Sand production.

This formation is commingled with another formation: Yes 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: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

ATTN: DARLA GEIMAUSADDLE
This well is on the Delinquency list for CODL 7/2007-4/2010 and NBRR 2/2010-4/2010. This Form 5A reflects the most up to date status of what is producing. Thank you.

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: _____ 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: _____ 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)