

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:

400126745

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 05-123-23679-00 6. County: WELD
7. Well Name: SARCHET Well Number: 41-23
8. Location: QtrQtr: SENE Section: 23 Township: 3N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 05/13/2008 Date of First Production this formation: 05/22/2006

Perforations Top: 7494 Bottom: 7512 No. Holes: 54 Hole size: 0.45

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

Drilled out CIBP and commingled with NBRR 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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/13/2008 Date of First Production this formation: 05/19/2008

Perforations Top: 7225 Bottom: 7512 No. Holes: 174 Hole size: 0.38

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

Drilled out CIBP to commingle NB/CD production.

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/16/2011 Hours: 24 Bbls oil: 1 Mcf Gas: 40 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 1 Mcf Gas: 40 Bbls H2O: 0 GOR: 40000

Test Method: FLOWING Casing PSI: 1500 Tubing PSI: 710 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1282 API Gravity Oil: 58

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7479 Tbg setting date: 05/14/2008 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: 05/13/2008 Date of First Production this formation: 03/17/2008

Perforations Top: 7225 Bottom: 7365 No. Holes: 120 Hole size: 0.38

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

Drilled out CIBP to commingle with CODL 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: _____

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: 1/24/2011 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. Nashin Director of COGCC Date: 2/3/2011

Attachment Check List

Att Doc Num	Name
400126745	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)