

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

COMPLETED INTERVAL REPORT

Document Number:

400133067

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
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-37
4. Contact Name: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-31610-00
6. County: WELD
7. Well Name: DRY CREEK
Well Number: 27-27
8. Location: QtrQtr: NENE Section: 27 Township: 1N Range: 67W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/04/2011 Date of First Production this formation: 01/27/2011

Perforations Top: 7381 Bottom: 7792 No. Holes: 118 Hole size: 0.38

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

NB Perf 7381-7636 Holes 64 Size 0.42 CD Perf 7774-7792 Holes 54 Size 0.38
Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 239,490 gal Slickwater w/ 200,900# 40/70, 4,000# SuperLC.
Frac Codell down 4-1/2" Csg w/ 199,076 gal Slickwater w/ 149,800# 40/70, 4,000# SuperLC.

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 02/09/2011 Hours: 24 Bbls oil: 84 Mcf Gas: 57 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 84 Mcf Gas: 57 Bbls H2O: 0 GOR: 679

Test Method: FLOWING Casing PSI: 1640 Tubing PSI: Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1278 API Gravity Oil: 51

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: 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)