

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:

400138633

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: CARA MAHLER
Phone: (720) 929-6029
Fax: (720) 929-7029

5. API Number 05-123-16687-00
6. County: WELD
7. Well Name: PALOMBO Well Number: 23-5L
8. Location: QtrQtr: SWNW Section: 23 Township: 3N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 12/21/2010 Date of First Production this formation: 10/19/2000

Perforations Top: 7760 Bottom: 7786 No. Holes: 104 Hole size: 0.22

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

PUMP SAND PLUG OVER J-SAND TOP OF PLUG AT 7400'

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: _____

PUMP SAND PLUG OVER J-SAND TOP OF PLUG AT 7400

Date formation Abandoned: 12/21/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7400 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/06/2011 Date of First Production this formation: 02/12/1993

Perforations Top: 7028 Bottom: 7312 No. Holes: 50 Hole size: 0.36

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

Re-Frac Codell down 2-7/8" Tbg w/ Pkr ^ Nio w/ 119,116 gal Dynaflo 2 w/ 261,840# 20/40, 4,000# SB Excel.
AFTER CODELL REFRAC WENT BACK DOWNLINE ON 1/29/2011.

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/27/2011 Hours: 24 Bbls oil: 8 Mcf Gas: 83 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 8 Mcf Gas: 83 Bbls H2O: 0 GOR: 10375

Test Method: FLOWING Casing PSI: 483 Tubing PSI: 434 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1263 API Gravity Oil: 55

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7273 Tbg setting date: 01/18/2011 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: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: _____ Email CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)