

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400139765

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 05-123-24497-00
6. County: WELD
7. Well Name: DIOCESE
Well Number: 2-16
8. Location: QtrQtr: NWNE Section: 16 Township: 4N Range: 67W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/12/2011 Date of First Production this formation: 02/15/2011

Perforations Top: 6960 Bottom: 7220 No. Holes: 108 Hole size: 0.38

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

NB Perf 6960-7085 Holes 48 Size 0.38 CD Perf 7200-7220 Holes 60 Size 0.38
Frac Niobrara A & B down 4-1/2" Csg w/ 252 gal 15% HCl & 235,326 gal Slickwater w/ 200,740# 40/70, 4,000# SuperLC.
Frac Codell down 4-1/2" Csg w/ 195,048 gal Slickwater w/ 150,680# 40/70, 4,000# SuperLC.

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

Test Information:

Date: 03/02/2011 Hours: 24 Bbls oil: 33 Mcf Gas: 272 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 33 Mcf Gas: 272 Bbls H2O: 0 GOR: 8242

Test Method: FLOWING Casing PSI: 1740 Tubing PSI: Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1307 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

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**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>

Total: 0 comment(s)