

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:

400140367

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: CARA MAHLER
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029
 3. Address: P O BOX 173779 Fax: (720) 929-7029
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-22443-00 6. County: WELD
 7. Well Name: LUDWIG Well Number: 18-1
 8. Location: QtrQtr: SENW Section: 1 Township: 3N Range: 66W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED
 Treatment Date: 12/29/2010 Date of First Production this formation: 10/02/2006
 Perforations Top: 7802 Bottom: 7870 No. Holes: 136 Hole size: 0.38
 Provide a brief summary of the formation treatment: _____ Open Hole:
 SPOT 2750# OF 20/40 SAND TO 7600
 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: _____
 SPOT 2750# OF 20/40 SAND TO 7600
 Date formation Abandoned: 12/29/2010 Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: 7600 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/19/2011 Date of First Production this formation: 12/02/2004

Perforations Top: 7052 Bottom: 7350 No. Holes: 256 Hole size: 0.38

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

NB PERF (11/17/2004) 7052-7138 HOLES 86 SIZE .38 NB REPERF (12/30/2010)7064-7218 HOLES 94 SIZE .42
CD PERF (11/17/2004) 7336-7350 HOLES 28 SIZE .38 CD REPERF (12/30/2010) 7334-7350 HOLES 48 SIZE .38
Re-Frac Codell-Niobrara down 4-1/2" Csg w/ 500 gal 15% HCl pumped @ end of 1.25 stg, 452,302 gal Slickwater w/ 342,140#
40/70, 8,000# SB Excel.
AFTER NB/CD REFRAC WENT DOWNLINE ON 2/4/2011.

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/24/2010 Hours: 24 Bbls oil: 1 Mcf Gas: 26 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 1 Mcf Gas: 26 Bbls H2O: 0 GOR: 26000

Test Method: FLOWING Casing PSI: 2500 Tubing PSI: 563 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1222 API Gravity Oil: 62

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7298 Tbg setting date: 03/03/2011 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

User Group	Comment	Comment Date

Total: 0 comment(s)