

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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Document Number:

400144395

COMPLETED INTERVAL REPORT

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 05-123-32056-00 6. County: WELD
7. Well Name: WIEDEMAN Well Number: 29-5
8. Location: QtrQtr: NENW Section: 5 Township: 5N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>NIOBARRA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>01/21/2011</u>	Date of First Production this formation: <u>02/28/2011</u>
Perforations Top: <u>6884</u> Bottom: <u>7216</u>	No. Holes: <u>115</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>NB Perf 6884-7108 Holes 55 Size 0.42 CD Perf 7196-7216 Holes 60 Size 0.38</u> <u>Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 240,656 gal Slickwater w/ 200,620# 40/70, 4,000# SuperLC.</u> <u>Frac Codell down 4-1/2" Csg w/ 208,015 gal Slickwater w/ 150,100# 40/70, 4,000# SuperLC.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>03/16/2011</u> Hours: <u>24</u> Bbls oil: <u>102</u> Mcf Gas: <u>322</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate:	Bbls oil: <u>102</u> Mcf Gas: <u>322</u> Bbls H2O: <u>0</u> GOR: <u>3157</u>
Test Method: <u>FLOWING</u> Casing PSI: <u>1372</u> Tubing PSI: _____	Choke Size: <u>16/64</u>
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1285</u>	API Gravity Oil: <u>54</u>
Tubing Size: _____ Tubing Setting Depth: _____	Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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
:

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)