

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

Document Number:

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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 05-123-31658-00 6. County: WELD
7. Well Name: WINTERS Well Number: 19-3
8. Location: QtrQtr: NWSW Section: 3 Township: 5N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/14/2011 Date of First Production this formation: 03/02/2011

Perforations Top: 6864 Bottom: 7118 No. Holes: 106 Hole size: 0.38

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

NB Perf 6864-7006 Holes 55 Size 0.38 CD Perf 7101-7118 Holes 51 Size 0.38
Frac Niobrara A & C down 4-1/2" Csg w/ 252 gal 15% HCl & 244,944 gal Slickwater w/ 200,660# 40/70, 4,000# SuperLC
Frac Codell down 4-1/2" Csg w/ 200,718 gal Slickwater w/ 150,300# 40/70, 4,000# SuperLC

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/20/2011 Hours: 24 Bbls oil: 61 Mcf Gas: 146 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 61 Mcf Gas: 146 Bbls H2O: 0 GOR: 2393

Test Method: FLOWING Casing PSI: 336 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1272 API Gravity Oil: 54

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7059 Tbg setting date: 03/23/2011 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: 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)