

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:
400148777

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
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 05-123-31600-00
6. County: WELD
7. Well Name: DRY CREEK
Well Number: 4-27
8. Location: QtrQtr: NWNW Section: 27 Township: 1N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/28/2011 Date of First Production this formation: 03/08/2011
Perforations Top: 7446 Bottom: 7870 No. Holes: 118 Hole size: 0.47

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

NB PERF 7446-7702 HOLES 64 SIZE .47 CD PERF 7852-7870 HOLES 54 SIZE .38
Frac Niobrara down 4-1/2" Csg w/ 226,256 Gal Slickwater w/ 200,260# 40/70, 4,460# SB Excel .
Frac Codell down 4-1/2" Csg w/ 193,326 gal Slickwater w/ 150,020# 40/70, 4,080# SB Excel.

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:

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIORARA-CODELL-SUSSEX Status: COMMINGLED

Treatment Date: 02/22/2011 Date of First Production this formation: 03/08/2011

Perforations Top: 4915 Bottom: 7870 No. Holes: 168 Hole size: 0.38

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

NB-CD-SUSX COMMINGLED.

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/27/2011 Hours: 24 Bbls oil: 54 Mcf Gas: 114 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 54 Mcf Gas: 114 Bbls H2O: 0 GOR: 2111

Test Method: FLOWING Casing PSI: 1006 Tubing PSI: _____ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1234 API Gravity Oil: 45

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: _____

FORMATION: SUSSEX Status: PRODUCING

Treatment Date: 02/22/2011 Date of First Production this formation: 03/08/2011

Perforations Top: 4915 Bottom: 4978 No. Holes: 50 Hole size: 0.42

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

Frac Sussex down 4-1/2" Csg w/ 19,530 gal Lightning N2 w/ 180,120# 16/30, 20,180# SB Excel, 0# .

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: _____

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)