

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
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 05-123-21091-00
6. County: WELD
7. Well Name: OZBUN
Well Number: 10-19
8. Location: QtrQtr: NWSE Section: 19 Township: 2N Range: 64W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 03/07/2011 Date of First Production this formation: 03/07/2011
Perforations Top: 6960 Bottom: 7688 No. Holes: 205 Hole size: 0.38

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

NB Perf 6960-7064 Holes 69 Size 0.38
CD Perf 7200-7208 Holes 64 Size 0.38
J S Perf 7656-7688 Holes 72 Size 0.38
Commingled 3/7/2011

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/30/2011 Hours: 24 Bbls oil: 3 Mcf Gas: 27 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 3 Mcf Gas: 27 Bbls H2O: 0 GOR: 9000
Test Method: FLOWING Casing PSI: 768 Tubing PSI: 366 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1375 API Gravity Oil: 49
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7168 Tbg setting date: 03/01/2010 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: J SAND Status: PRODUCING

Treatment Date: 03/02/2011 Date of First Production this formation: 03/07/2011

Perforations Top: 7656 Bottom: 7688 No. Holes: 72 Hole size: 0.38

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

Removed sand plug over J Sand and commingled well with NB/CD formation.

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: 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)