

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:

400150073

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 05-123-18021-00 6. County: WELD
 7. Well Name: JEPSEN Well Number: 21-2
 8. Location: QtrQtr: NENW Section: 2 Township: 3N Range: 65W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING
 Treatment Date: 03/02/2011 Date of First Production this formation: 03/08/2011
 Perforations Top: 6763 Bottom: 7054 No. Holes: 93 Hole size: 0.38
 Provide a brief summary of the formation treatment: _____ Open Hole:
 REPERF NB (3/2/2011) 6763-6907 HOLES 60 SIZE .42
 Re-Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 171,547 gal Super Z LpH Hybrid w/ 251,420# 20/40, 4,000# SB Excel.
 Tri-Frac Codell down 4-1/2" Csg w/ 121,199 gal Super Z LpH w/ 261,260# 20/40, 4,000# SB Excel.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 03/28/2011 Hours: 24 Bbls oil: 23 Mcf Gas: 349 Bbls H2O: 0
 Calculated 24 hour rate: _____ Bbls oil: 23 Mcf Gas: 349 Bbls H2O: 0 GOR: 15174
 Test Method: FLOWING Casing PSI: 206 Tubing PSI: 379 Choke Size: 12/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1270 API Gravity Oil: 61
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7018 Tbg setting date: 03/30/2011 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

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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

Director of COGCC

Date: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| | |

Total Attach: 0 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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Total: 0 comment(s)