

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

COMPLETED INTERVAL REPORT

Document Number:

400151460

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 05-123-21216-00
6. County: WELD
7. Well Name: SARCHET
Well Number: 8-33A
8. Location: QtrQtr: SENE Section: 33 Township: 3N Range: 66W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: J & GREENHORN Status: COMMINGLED
Treatment Date: 03/04/2011 Date of First Production this formation: 03/16/2011
Perforations Top: 7624 Bottom: 7902 No. Holes: 160 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole:
REMOVED CIBP ABOVE JSND TO COMMINGLE WITH THE GRNHN.
This formation is commingled with another formation: Yes No
Test Information:
Date: 04/04/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 70 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 70 Bbls H2O: 0 GOR: 35000
Test Method: FLOWING Casing PSI: 343 Tubing PSI: 269 Choke Size:
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1220 API Gravity Oil: 51
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: J SAND Status: PRODUCING

Treatment Date: 03/04/2011 Date of First Production this formation: 12/18/2002

Perforations Top: 7844 Bottom: 7902 No. Holes: 96 Hole size: 0.38

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

DRILLED OUT CIBP SET @ 7820'. WENT DOWNLINE WITH GRNHN ON 3/16/2011.

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: _____

NO CHOKE.

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

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>

Total: 0 comment(s)