

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:

400151676

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 City: DENVER State: CO Zip: 80217-37 Fax: (720) 929-7832

5. API Number 05-123-31595-00 6. County: WELD
7. Well Name: RURAL Well Number: 21-31
8. Location: QtrQtr: NWSW Section: 31 Township: 4N Range: 65W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 02/28/2011 Date of First Production this formation: 03/16/2011
Perforations Top: 7358 Bottom: 7658 No. Holes: 130 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole:
NB Perf 7358-7530 Holes 66 Size 0.42 CD Perf 7642-7658 Holes 64 Size 0.38
Frac Niobrara A & B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 242,886 gal Slickwater w/ 100,300# 40/70, 4,000# SB Excel
Frac Codell down 4-1/2" Csg w/ 204,750 gal Slickwater w/ 75,660# 40/70, 4,000# SB Excel
This formation is commingled with another formation: Yes No
Test Information:
Date: 04/02/2011 Hours: 24 Bbls oil: 67 Mcf Gas: 427 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 67 Mcf Gas: 427 Bbls H2O: 0 GOR: 6373
Test Method: FLOWING Casing PSI: 600 Tubing PSI: Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1210 API Gravity Oil: 63
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

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
400151676	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>

Total: 0 comment(s)