

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:

400156711

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 05-123-20856-00
6. County: WELD
7. Well Name: TARANTINO
Well Number: 4-33A
8. Location: QtrQtr: NWNW Section: 33 Township: 3N Range: 66W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: J SAND Status: PRODUCING
Treatment Date: 03/21/2011 Date of First Production this formation: 05/28/2002
Perforations Top: 7837 Bottom: 7900 No. Holes: 104 Hole size: 0.35
Provide a brief summary of the formation treatment: Open Hole:
3/21/11 -pushed CIBP to 7954'. Circ clean to commingle well.
3/23/11 -commingled J Sand with Greenhorn production
This formation is commingled with another formation: [X] Yes [] No
Test Information:
Date: 04/19/2011 Hours: 24 Bbls oil: 3 Mcf Gas: 33 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 3 Mcf Gas: 33 Bbls H2O: 0 GOR: 11000
Test Method: FLOWING Casing PSI: 358 Tubing PSI: 348 Choke Size:
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1236 API Gravity Oil: 51
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7804 Tbg setting date: 03/21/2011 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: 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

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)