

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400156916

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 05-123-22614-00
6. County: WELD
7. Well Name: BM LAND Well Number: 11-5A
8. Location: QtrQtr: NESW Section: 5 Township: 2N Range: 65W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 03/16/2011 Date of First Production this formation: 03/28/2011
Perforations Top: 7050 Bottom: 7292 No. Holes: 150 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole:
REPERF (3/4/2011) 7276-7290 HOLES 14 SIZE .40
Re-Frac Codell down 4-1/2" Csg w/ 259,728 gal Slickwater w/ 207,700# 40/70, 4,000# SuperLC.
This formation is commingled with another formation: Yes No
Test Information:
Date: 04/18/2011 Hours: 24 Bbls oil: 6 Mcf Gas: 39 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 6 Mcf Gas: 39 Bbls H2O: 0 GOR: 6500
Test Method: FLOWING Casing PSI: 1107 Tubing PSI: 178 Choke Size: 32/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1311 API Gravity Oil: 52
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7259 Tbg setting date: 03/18/2011 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

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)