


|  |  |   |   |                                       |                                     |   |                              |  |                            |   |  |
|--|--|---|---|---------------------------------------|-------------------------------------|---|------------------------------|--|----------------------------|---|--|
| <b>FORM<br/>5A</b><br><br>Rev<br>02/08   | <b>State of Colorado</b><br><b>Oil and Gas Conservation Commission</b><br>1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109 |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table><br>Document Number:<br><br><div style="text-align: center; font-weight: bold;">400132029</div> | DE                                    | ET                                  | OE  | ES                           |  |                            |   |  |
| DE   | ET   | OE  | ES  |                                       |                                     |   |                              |  |                            |   |  |
| <b>COMPLETED INTERVAL REPORT</b>   |  |   |   |                                       |                                     |   |                              |  |                            |   |  |
| 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.  |  |   |   |                                       |                                     |   |                              |  |                            |   |  |
| <table style="width: 100%;"> <tr> <td style="width: 50%;">1. OGCC Operator Number: <u>47120</u></td> <td style="width: 50%;">4. Contact Name: <u>CARA MAHLER</u></td> </tr> <tr> <td>2. Name of Operator: <u>KERR-MCGEE OIL &amp; GAS ONSHORE LP</u></td> <td>Phone: <u>(720) 929-6029</u></td> </tr> <tr> <td>3. Address: <u>P O BOX 173779</u></td> <td>Fax: <u>(720) 929-7029</u></td> </tr> <tr> <td>City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-37</u></td> <td></td> </tr> </table> |  |   |   | 1. OGCC Operator Number: <u>47120</u> | 4. Contact Name: <u>CARA MAHLER</u> | 2. Name of Operator: <u>KERR-MCGEE OIL &amp; GAS ONSHORE LP</u> | Phone: <u>(720) 929-6029</u> | 3. Address: <u>P O BOX 173779</u>  | Fax: <u>(720) 929-7029</u> | City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-37</u> |  |
| 1. OGCC Operator Number: <u>47120</u>  | 4. Contact Name: <u>CARA MAHLER</u>  |   |   |                                       |                                     |   |                              |  |                            |   |  |
| 2. Name of Operator: <u>KERR-MCGEE OIL &amp; GAS ONSHORE LP</u>  | Phone: <u>(720) 929-6029</u>   |   |   |                                       |                                     |   |                              |  |                            |   |  |
| 3. Address: <u>P O BOX 173779</u>  | Fax: <u>(720) 929-7029</u>   |   |   |                                       |                                     |   |                              |  |                            |   |  |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-37</u>  |  |   |   |                                       |                                     |   |                              |  |                            |   |  |
| <table style="width: 100%;"> <tr> <td style="width: 50%;">5. API Number <u>05-123-18377-00</u></td> <td style="width: 50%;">6. County: <u>WELD</u></td> </tr> <tr> <td>7. Well Name: <u>BINDER</u></td> <td>Well Number: <u>4-15</u></td> </tr> <tr> <td>8. Location: QtrQtr: <u>NWNW</u> Section: <u>15</u> Township: <u>4N</u> Range: <u>67W</u> Meridian: <u>6</u></td> <td></td> </tr> <tr> <td>9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u></td> <td></td> </tr> </table>      |  |   |   | 5. API Number <u>05-123-18377-00</u>  | 6. County: <u>WELD</u>              | 7. Well Name: <u>BINDER</u>                                     | Well Number: <u>4-15</u>     | 8. Location: QtrQtr: <u>NWNW</u> Section: <u>15</u> Township: <u>4N</u> Range: <u>67W</u> Meridian: <u>6</u> |                            | 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u> |  |
| 5. API Number <u>05-123-18377-00</u>   | 6. County: <u>WELD</u>   |   |   |                                       |                                     |   |                              |  |                            |   |  |
| 7. Well Name: <u>BINDER</u>  | Well Number: <u>4-15</u>   |   |   |                                       |                                     |   |                              |  |                            |   |  |
| 8. Location: QtrQtr: <u>NWNW</u> Section: <u>15</u> Township: <u>4N</u> Range: <u>67W</u> Meridian: <u>6</u>   |  |   |   |                                       |                                     |   |                              |  |                            |   |  |
| 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>  |  |   |   |                                       |                                     |   |                              |  |                            |   |  |
| <u>Completed Interval</u>  |  |   |   |                                       |                                     |   |                              |  |                            |   |  |
| <table style="width: 100%;"> <tr> <td style="width: 50%;">FORMATION: <u>CODELL</u></td> <td style="width: 50%;">Status: <u>COMMINGLED</u></td> </tr> </table>  |  |   |   | FORMATION: <u>CODELL</u>              | Status: <u>COMMINGLED</u>           |   |                              |  |                            |   |  |
| FORMATION: <u>CODELL</u>   | Status: <u>COMMINGLED</u>  |   |   |                                       |                                     |   |                              |  |                            |   |  |
| Treatment Date: <u>01/05/2011</u> Date of First Production this formation: <u>02/10/2006</u>   |  |   |   |                                       |                                     |   |                              |  |                            |   |  |
| Perforations Top: <u>7222</u> Bottom: <u>7242</u> No. Holes: <u>60</u> Hole size: <u>0.38</u>  |  |   |   |                                       |                                     |   |                              |  |                            |   |  |
| Provide a brief summary of the formation treatment: <span style="float: right;">Open Hole: <input type="checkbox"/></span>   |  |   |   |                                       |                                     |   |                              |  |                            |   |  |
| <div style="border: 1px solid black; padding: 2px;">Re-Frac Codell down 4-1/2" Csg w/ 206,369 gal Slickwater w/ 150,700# 40/70, 4,000# SuperLC.</div>  |  |   |   |                                       |                                     |   |                              |  |                            |   |  |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |   |   |                                       |                                     |   |                              |  |                            |   |  |
| <b>Test Information:</b>   |  |   |   |                                       |                                     |   |                              |  |                            |   |  |
| 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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____  |  |   |   |                                       |                                     |   |                              |  |                            |   |  |
| Bridge Plug Depth: _____ Sacks cement on top: _____  |  |   |   |                                       |                                     |   |                              |  |                            |   |  |

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

|  |                             |   |  |
|--|-----------------------------|---|--|
| FORMATION: <u>NIOBRARA-CODELL</u>  |                             | Status: <u>PRODUCING</u>  |  |
| Treatment Date: <u>01/05/2011</u>  |                             | Date of First Production this formation: <u>01/12/2011</u>        |  |
| Perforations   | Top: <u>6914</u>            | Bottom: <u>7242</u>   | No. Holes: <u>120</u> Hole size: <u>0.42</u>       |
| Provide a brief summary of the formation treatment:  |                             | Open Hole: <input type="checkbox"/>                               |  |
| <u>NB PERF 6914-7022 HOLES 60 SIZE .42      CD PERF 7222-7242 HOLES 60 SIZE 0.38</u>                                     |                             |   |  |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             |   |  |
| <b>Test Information:</b>   |                             |   |  |
| Date: <u>02/03/2011</u>  | Hours: <u>24</u>            | Bbls oil: <u>0</u>  | Mcf Gas: <u>9</u> Bbls H2O: <u>0</u>               |
| Calculated 24 hour rate:   |                             | Bbls oil: <u>0</u>  | Mcf Gas: <u>9</u> Bbls H2O: <u>0</u> GOR: <u>0</u> |
| Test Method: <u>FLOWING</u>  | Casing PSI: <u>1800</u>     | Tubing PSI: _____   | Choke Size: <u>12/64</u>                           |
| Gas Disposition: <u>SOLD</u>   | Gas Type: <u>WET</u>        | BTU Gas: <u>1317</u>  | API Gravity Oil: <u>53</u>                         |
| Tubing Size: _____   | Tubing Setting Depth: _____ | Tbg setting date: _____   | Packer Depth: _____                                |
| Reason for Non-Production:<br><div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>   |                             |   |  |
| Date formation Abandoned: _____  |                             | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt _____                  |
| Bridge Plug Depth: _____   |                             | Sacks cement on top: _____  |  |

|   |                             |   |   |
|---|-----------------------------|---|---|
| FORMATION: <u>NIOBRARA</u>  |                             | Status: <u>COMMINGLED</u>   |   |
| Treatment Date: <u>01/05/2011</u>   |                             | Date of First Production this formation: <u>01/12/2011</u>        |   |
| Perforations  | Top: <u>6914</u>            | Bottom: <u>7022</u>   | No. Holes: <u>60</u> Hole size: <u>0.42</u>         |
| Provide a brief summary of the formation treatment:   |                             | Open Hole: <input type="checkbox"/>                               |   |
| <u>Frac Niobrara A &amp; B down 4-1/2" Csg w/ 250 gal 15% HCl &amp; 216,854 gal Slickwater w/ 153,440# 40/70, 4,000# SuperLC.</u> |                             |   |   |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No          |                             |   |   |
| <b>Test Information:</b>  |                             |   |   |
| 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:<br><div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>            |                             |   |   |
| Date formation Abandoned: _____   |                             | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt _____                   |
| Bridge Plug Depth: _____  |                             | Sacks cement on top: _____  |   |

|  |
|--|
| Comment:<br><div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> |
|--|

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 I Date: 2/9/2011 Email CARA.MAHLER@ANADARKO.COM  
:

### **Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 400132029   | FORM 5A SUBMITTED |

Total Attach: 1 Files

### **General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> | <b><u>Comment Date</u></b> |
|--------------------------|-----------------------|----------------------------|
|                          |                       |                            |

Total: 0 comment(s)