


<b>FORM 5A</b>  Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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>	DE	ET	OE	ES				
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<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <div style="text-align: center; font-weight: bold;">400133356</div>								
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>	
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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: 5px;">         (05') CD PERF 7376-7392 HOLES 64 SIZE 0.38          (10') CD PERF 7375-7393 HOLES 36 SIZE 0.38          Re-Frac Codell down 4-1/2" Csg w/ 205,615 gal slw w/ 154,110# 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>											
<table style="width: 100%;"> <tr> <td>Date: _____</td> <td>Hours: _____</td> <td>Bbls oil: _____</td> <td>Mcf Gas: _____</td> <td>Bbls H2O: _____</td> </tr> </table>				Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____			
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____							
<table style="width: 100%;"> <tr> <td>Calculated 24 hour rate: _____</td> <td>Bbls oil: _____</td> <td>Mcf Gas: _____</td> <td>Bbls H2O: _____</td> <td>GOR: _____</td> </tr> </table>				Calculated 24 hour rate: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	GOR: _____			
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<table style="width: 100%;"> <tr> <td>Test Method: _____</td> <td>Casing PSI: _____</td> <td>Tubing PSI: _____</td> <td>Choke Size: _____</td> </tr> </table>				Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____				
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Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____								
Reason for Non-Production: <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: _____											

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: NIOBRARA-CODELL		Status: PRODUCING			
Treatment Date: 01/11/2011		Date of First Production this formation: 01/17/2011			
Perforations	Top: 7064	Bottom: 7393	No. Holes: 162	Hole size: 0.042	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>			
NB PERF 7064-7268 HOLES 62 SIZE 0.42 CD PERF 7376-7393 HOLES 100 SIZE 0.38					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Test Information:</b>					
Date: 02/12/2011	Hours: 24	Bbls oil: 3	Mcf Gas: 6	Bbls H2O: 0	
Calculated 24 hour rate:		Bbls oil: 3	Mcf Gas: 6	Bbls H2O: 0	GOR: 2000
Test Method: FLOWING		Casing PSI: 210	Tubing PSI:	Choke Size: 14/64	
Gas Disposition: SOLD		Gas Type: WET	BTU Gas: 1291	API Gravity Oil: 61	
Tubing Size:		Tubing Setting Depth:	Tbg setting date:	Packer Depth:	
Reason for Non-Production:					
<div style="border: 1px solid black; height: 20px;"></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: NIOBRARA		Status: COMMINGLED			
Treatment Date: 01/11/2011		Date of First Production this formation: 01/17/2011			
Perforations	Top: 7064	Bottom: 7268	No. Holes: 62	Hole size: 0.42	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>			
Frac Niobrara A & B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 245,687 gal Slickwater w/ 200,780# 40/70, 4,000# SuperLC.					
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:					
<div style="border: 1px solid black; height: 20px;"></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:
<div style="border: 1px solid black; height: 20px;"></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 1 Date: 2/15/2011 Email CARA.MAHLER@ANADARKO.COM  
:

### **Attachment Check List**

Att Doc Num	Name
400133356	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)