


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		<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> Document Number: <div style="text-align: center; font-weight: bold;">400138719</div>	DE	ET	OE	ES				
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COMPLETED INTERVAL REPORT											
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 & 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 & 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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<table style="width: 100%;"> <tr> <td style="width: 40%;">Treatment Date: <u>01/07/2011</u></td> <td style="width: 60%;">Date of First Production this formation: <u>05/27/2002</u></td> </tr> </table>				Treatment Date: <u>01/07/2011</u>	Date of First Production this formation: <u>05/27/2002</u>						
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<table style="width: 100%;"> <tr> <td style="width: 20%;">Perforations</td> <td style="width: 20%;">Top: <u>7591</u></td> <td style="width: 20%;">Bottom: <u>7632</u></td> <td style="width: 20%;">No. Holes: <u>54</u></td> <td style="width: 20%;">Hole size: <u>0.31</u></td> </tr> </table>				Perforations	Top: <u>7591</u>	Bottom: <u>7632</u>	No. Holes: <u>54</u>	Hole size: <u>0.31</u>			
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Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>											
<div style="border: 1px solid black; min-height: 20px; padding: 2px;">tag sand plug @ 7254'</div>											
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Test Information:											
<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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Reason for Non-Production:											
<div style="border: 1px solid black; min-height: 20px; padding: 2px;">tag sand plug @ 7254'</div>											
Date formation Abandoned: <u>01/07/2011</u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____											
Bridge Plug Depth: <u>7254</u> Sacks cement on top: _____											

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>NIORARA-CODELL</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>01/19/2011</u>		Date of First Production this formation: <u>03/01/2011</u>		
Perforations	Top: <u>6890</u>	Bottom: <u>7150</u>	No. Holes: <u>136</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 5px;">NB PERF (2/12/1998) 6893-6899 HOLES 12 SIZE .31 CD PERF (2/12/1998) 7139-7145 HOLES 12 SIZE .31 NB PERF (1/10/2011) 6890-6899 HOLES 54 SIZE .37 CD PERF (1/10/2011) 7136-7150 HOLES 56 SIZE .38 (1/19/2011) Re-Frac Codell down 4-1/2" Csg w/ 217,014 gal Slickwater w/ 200,460# 40/70, 4,000# SuperLC. (1/26/2011) Re-Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 244,106 gal Slickwater w/ 200,400# 40/70, 4,000# SuperLC, 0# . WENT DOWNLINE AFTER REFRAC ON 3/01/2011</div>				
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Test Information:				
Date: <u>02/20/2011</u>	Hours: <u>24</u>	Bbls oil: <u>14</u>	Mcf Gas: <u>66</u>	Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>14</u>	Mcf Gas: <u>66</u>	Bbls H2O: <u>0</u> GOR: <u>4714</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1525</u>	Tubing PSI: <u></u>	Choke Size: <u>24/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1254</u>	API Gravity Oil: <u>55</u>	
Tubing Size: <u></u>	Tubing Setting Depth: <u></u>	Tbg setting date: <u></u>	Packer Depth: <u></u>	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
Date formation Abandoned: <u></u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>		

Comment:
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.			
Signed: _____		Print Name: <u>CARA MAHLER</u>	
Title: <u>REGULATORY ANALYST 1</u>	Date: <u>3/2/2011</u>	Email <u>CARA.MAHLER@ANADARKO.COM</u>	

Attachment Check List

Att Doc Num	Name
400138719	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)