

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 with 4 columns: 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.

1. OGCC Operator Number: 47120 4. Contact Name: CARA MAHLER 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029 3. Address: P O BOX 173779 Fax: (720) 929-7029 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-24039-00 6. County: WELD 7. Well Name: EDWARDS Well Number: 23-15 8. Location: QtrQtr: SESW Section: 15 Township: 5N Range: 67W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Date: 02/09/2011 Date of First Production this formation: 04/16/2007 Perforations Top: 7344 Bottom: 7366 No. Holes: 66 Hole size: 0.38 Provide a brief summary of the formation treatment: Open Hole: [] NB REC This formation is commingled with another formation: [X] Yes [] No Test Information: 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: [] Yes [] 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>02/09/2011</u>	Date of First Production this formation: <u>02/23/2011</u>
Perforations Top: <u>7050</u> Bottom: <u>7366</u>	No. Holes: <u>146</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>NB REC</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>03/16/2011</u> Hours: <u>24</u>	Bbls oil: <u>13</u> Mcf Gas: <u>78</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>13</u> Mcf Gas: <u>78</u> Bbls H2O: <u>0</u> GOR: <u>6000</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1250</u> Tubing PSI: <u>1080</u> Choke Size: <u>24/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1276</u> API Gravity Oil: <u>53</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7306</u>	Tbg setting date: <u>02/18/2011</u> 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: _____	

FORMATION: <u>NIOBRARA</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>02/09/2011</u>	Date of First Production this formation: <u>02/23/2011</u>
Perforations Top: <u>7050</u> Bottom: <u>7245</u>	No. Holes: <u>80</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Frac Niobrara A & B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 250,152 gal Slickwater w/ 200,440# 40/70, 4,000# SB Excel, 0# .</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
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: _____	

Comment: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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: 3/23/2011 Email CARA.MAHLER@ANADARKO.COM
:

Attachment Check List

Att Doc Num	Name
400145979	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)