

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



DE ET OE ES

Document Number:  
400140140

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  
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: Kenny Trueax  
Phone: (720) 929-6383  
Fax: (720) 929-7383

5. API Number 05-123-21847-00  
6. County: WELD  
7. Well Name: LDS Well Number: 16-24  
8. Location: QtrQtr: SESE Section: 24 Township: 3N Range: 68W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 12/28/2010 Date of First Production this formation: 01/04/2011  
Perforations Top: 7022 Bottom: 7315 No. Holes: 144 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole:

NB REPERF (12/28/10) 7036-7166 HOLES 54 SIZE .38 CD REPERF (12/13/10) 7293-7315 HOLES 44 SIZE .38  
Re-Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 248,415 gal Slickwater w/ 200,900# 40/70, 4,040# SB Excel.  
Re-Frac Codell down 4-1/2" Csg w/ 194,057 gal Slickwater w/ 150,820# SB Excel, 4,040# SB Excel.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 03/02/2011 Hours: 24 Bbls oil: 1 Mcf Gas: 26 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 26 Bbls H2O: 0 GOR: 26600  
Test Method: FLOWING Casing PSI: 1749 Tubing PSI: 180 Choke Size: 18/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1195 API Gravity Oil: 48  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7272 Tbg setting date: 02/16/2011 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: Kenny Trueax

Title: Regulatory Analyst II Date: 4/4/2011 Email Kenny.Trueax@anadarko.com  
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**Attachment Check List**

Att Doc Num	Name
400140140	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)