


<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> Document Number:  <div style="border: 1px solid black; padding: 5px; text-align: center;">400148634</div>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>							
<p>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.</p>							
1. OGCC Operator Number: <u>47120</u>		4. Contact Name: <u>Cindy Vue</u>					
2. Name of Operator: <u>KERR-MCGEE OIL &amp; GAS ONSHORE LP</u>		Phone: <u>(720) 929-6832</u>					
3. Address: <u>P O BOX 173779</u>		Fax: <u>(720) 929-7832</u>					
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80217-37</u>					
5. API Number <u>05-123-24813-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>SEKICH</u>		Well Number: <u>31-19</u>					
8. Location: QtrQtr: <u>NWNW</u>	Section: <u>19</u>	Township: <u>3N</u>	Range: <u>67W</u> Meridian: <u>6</u>				
9. Field Name: <u>WATTENBERG</u>		Field Code: <u>90750</u>					
<u>Completed Interval</u>							
FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>					
Treatment Date: <u>05/28/2007</u>		Date of First Production this formation: <u>07/15/2007</u>					
Perforations Top: <u>7300</u>	Bottom: <u>7322</u>	No. Holes: <u>66</u>	Hole size: <u>0.45</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
Frac 5/28/07 w/ 133,089 gals Vistar, 224,020# 20/40 sand  Set CIBP for NBRR Recomplete 1/26/2011 @ 7252' Removed CIBP 3/21/2011 and commingled with NBRR 3/29/2011							
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: _____				
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____				
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>03/21/2011</u>		Date of First Production this formation: <u>03/29/2011</u>	
Perforations	Top: <u>7058</u> Bottom: <u>7322</u>	No. Holes: <u>122</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 7058-7180 Holes 56 Size 0.38 CD Perf 7300-7322 Holes 66 Size 0.45  3/21/2011-Drilled out CIBP to commingle NBRR w/ CODL</div>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>			
Date: <u>03/30/2011</u>	Hours: <u>24</u>	Bbls oil: <u>12</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>12</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>0</u> GOR: <u>0</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1481</u>	Tubing PSI: <u>968</u>	Choke Size: <u>18/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>0</u>	API Gravity Oil: <u>50</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></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>02/19/2011</u>		Date of First Production this formation: <u>03/04/2011</u>	
Perforations	Top: <u>7058</u> Bottom: <u>7180</u>	No. Holes: <u>56</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;">Frac NB w/250 gal 15% HCl and 240,198 gal SW containing 200,760# 30/50 sand &amp; 4000# 20/40 SB Excel</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: <div style="border: 1px solid black; height: 20px; width: 100%;"></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; width: 100%;"></div>
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**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: Cindy Vue

Title: Regulatory Analyst II Date: 3/31/2011 Email Cindy.Vue@anadarko.com  
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### **Attachment Check List**

Att Doc Num	Name
400148634	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)