

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>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 400150028				
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: <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>	

5. API Number <u>05-123-23503-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>HERMAN FEDERAL</u>	Well Number: <u>16-7</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>7</u> Township: <u>2N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>03/01/2011</u>	Date of First Production this formation: <u>04/11/2006</u>
Perforations Top: <u>7356</u> Bottom: <u>7373</u>	No. Holes: <u>51</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
NB RECOMPLETE. WENT DOWNLINE WITH NB ON 3/9/2011.	
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: <u>SOLD</u> Gas Type: <u>WET</u> 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%; 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: 03/01/2011 Date of First Production this formation: 03/09/2011

Perforations Top: 7140 Bottom: 7373 No. Holes: 117 Hole size: 0.42

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

NB RECOMPLETE

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/23/2011 Hours: 24 Bbls oil: 13 Mcf Gas: 40 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 13 Mcf Gas: 40 Bbls H2O: 0 GOR: 3077

Test Method: FLOWING Casing PSI: 329 Tubing PSI: 454 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1179 API Gravity Oil: 56

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7323 Tbg setting date: 03/28/2011 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 03/01/2011 Date of First Production this formation: 03/09/2011

Perforations Top: 7140 Bottom: 7274 No. Holes: 66 Hole size: 0.42

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

Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 242,594 gal Slickwater w/ 199,020# 30/50, 4,000# SB Excel.

This formation is commingled with another formation: 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: _____

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: 4/5/2011 Email CARA.MAHLER@ANADARKO.COM
:

Attachment Check List

Att Doc Num	Name
400150028	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)