

<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		DE ET OE ES
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  400150519
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>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>05-123-31726-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>SPAUR</u>	Well Number: <u>17-7</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>7</u> Township: <u>4N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>03/15/2011</u>	Date of First Production this formation: <u>03/22/2011</u>
Perforations Top: <u>6792</u> Bottom: <u>7118</u> No. Holes: <u>124</u> Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
NB Perf 6792-6983 Holes 64 Size 0.42 CD Perf 7098-7118 Holes 60 Size 0.40 Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 244,106 gal Slickwater w/ 200,980# 40/70, 4,120# SB Excel Frac Codell down 4-1/2" Csg w/ 204,120 gal Slickwater w/ 150,300# 40/70, 4,640# SB Excel	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>04/05/2011</u> Hours: <u>24</u> Bbls oil: <u>6</u> Mcf Gas: <u>1</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>6</u> Mcf Gas: <u>1</u> Bbls H2O: <u>0</u> GOR: <u>167</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>157</u> Tubing PSI: _____ Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1345</u> API Gravity Oil: <u>54</u>	
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: Cindy Vue

Title: Regulatory Analyst II Date: 4/6/2011 Email Cindy.Vue@anadarko.com  
:

**Attachment Check List**

Att Doc Num	Name
400150519	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)