


<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%; text-align: center;">DE</td> <td style="width: 25%; text-align: center;">ET</td> <td style="width: 25%; text-align: center;">OE</td> <td style="width: 25%; text-align: center;">ES</td> </tr> </table> Document Number:  <div style="text-align: center; font-weight: bold;">400151460</div>	DE	ET	OE	ES				
DE	ET	OE	ES								
<b>COMPLETED INTERVAL REPORT</b>											
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.											
<table style="width: 100%;"> <tr> <td style="width: 50%;">1. OGCC Operator Number: <u>47120</u></td> <td style="width: 50%;">4. Contact Name: <u>CARA MAHLER</u></td> </tr> <tr> <td>2. Name of Operator: <u>KERR-MCGEE OIL &amp; GAS ONSHORE LP</u></td> <td>Phone: <u>(720) 929-6029</u></td> </tr> <tr> <td>3. Address: <u>P O BOX 173779</u></td> <td>Fax: <u>(720) 929-7029</u></td> </tr> <tr> <td>City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-37</u></td> <td></td> </tr> </table>				1. OGCC Operator Number: <u>47120</u>	4. Contact Name: <u>CARA MAHLER</u>	2. Name of Operator: <u>KERR-MCGEE OIL &amp; 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>	
1. OGCC Operator Number: <u>47120</u>	4. Contact Name: <u>CARA MAHLER</u>										
2. Name of Operator: <u>KERR-MCGEE OIL &amp; 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>											
<table style="width: 100%;"> <tr> <td style="width: 50%;">5. API Number <u>05-123-21216-00</u></td> <td style="width: 50%;">6. County: <u>WELD</u></td> </tr> <tr> <td>7. Well Name: <u>SARCHET</u></td> <td>Well Number: <u>8-33A</u></td> </tr> <tr> <td>8. Location: QtrQtr: <u>SENE</u> Section: <u>33</u> Township: <u>3N</u> Range: <u>66W</u> Meridian: <u>6</u></td> <td></td> </tr> <tr> <td>9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u></td> <td></td> </tr> </table>				5. API Number <u>05-123-21216-00</u>	6. County: <u>WELD</u>	7. Well Name: <u>SARCHET</u>	Well Number: <u>8-33A</u>	8. Location: QtrQtr: <u>SENE</u> Section: <u>33</u> Township: <u>3N</u> Range: <u>66W</u> Meridian: <u>6</u>		9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	
5. API Number <u>05-123-21216-00</u>	6. County: <u>WELD</u>										
7. Well Name: <u>SARCHET</u>	Well Number: <u>8-33A</u>										
8. Location: QtrQtr: <u>SENE</u> Section: <u>33</u> Township: <u>3N</u> Range: <u>66W</u> Meridian: <u>6</u>											
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>											
<u>Completed Interval</u>											
<table style="width: 100%;"> <tr> <td style="width: 60%;">FORMATION: <u>J &amp; GREENHORN</u></td> <td style="width: 40%;">Status: <u>COMMINGLED</u></td> </tr> </table>				FORMATION: <u>J &amp; GREENHORN</u>	Status: <u>COMMINGLED</u>						
FORMATION: <u>J &amp; GREENHORN</u>	Status: <u>COMMINGLED</u>										
Treatment Date: <u>03/04/2011</u> Date of First Production this formation: <u>03/16/2011</u>											
Perforations Top: <u>7624</u> Bottom: <u>7902</u> No. Holes: <u>160</u> Hole size: <u>0.38</u>											
Provide a brief summary of the formation treatment: <span style="float: right;">Open Hole: <input type="checkbox"/></span>											
<div style="border: 1px solid black; padding: 2px;">REMOVED CIBP ABOVE JSND TO COMMINGLE WITH THE GRNHN.</div>											
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
<b>Test Information:</b>											
Date: <u>04/04/2011</u> Hours: <u>24</u> Bbls oil: <u>2</u> Mcf Gas: <u>70</u> Bbls H2O: <u>0</u>											
Calculated 24 hour rate: Bbls oil: <u>2</u> Mcf Gas: <u>70</u> Bbls H2O: <u>0</u> GOR: <u>35000</u>											
Test Method: <u>FLOWING</u> Casing PSI: <u>343</u> Tubing PSI: <u>269</u> Choke Size: <u>          </u>											
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1220</u> API Gravity Oil: <u>51</u>											
Tubing Size: <u>          </u> Tubing Setting Depth: <u>          </u> Tbg setting date: <u>          </u> Packer Depth: <u>          </u>											
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>											
Date formation Abandoned: <u>          </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u>          </u>											
Bridge Plug Depth: <u>          </u> Sacks cement on top: <u>          </u>											

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>03/04/2011</u>		Date of First Production this formation: <u>12/18/2002</u>		
Perforations	Top: <u>7844</u>	Bottom: <u>7902</u>	No. Holes: <u>96</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: 2px;">DRILLED OUT CIBP SET @ 7820'. WENT DOWNLINE WITH GRNHN ON 3/16/2011.</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%; 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: _____		

Comment: _____ <div style="border: 1px solid black; padding: 2px;">NO CHOKE.</div>
---

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.			
Signed: _____		Print Name: <u>CARA MAHLER</u>	
Title: <u>REGULATORY ANALYST 1</u>	Date: <u>4/8/2011</u>	Email <u>CARA.MAHLER@ANADARKO.COM</u>	

### Attachment Check List

Att Doc Num	Name
400151460	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)