

<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>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  400156668				
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>05-123-20959-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>HUDSON</u>	Well Number: <u>3-35A</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>35</u> Township: <u>2N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>J-NIOBRARA-CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>03/09/2011</u>	Date of First Production this formation: <u>03/23/2011</u>
Perforations Top: <u>6944</u> Bottom: <u>7688</u>	No. Holes: <u>172</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
NB Perf 6944-7110 Holes 60 Size 0.38 CD Perf 7214-7228 Holes 56 Size 0.38 J S Perf 7650-7688 Holes 56 Size 0.38 3/9/11 -circulate well clean of sand plug to commingle well 3/23/11 -commingle all producing intervals	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>04/18/2011</u> Hours: <u>24</u> Bbls oil: <u>1</u> Mcf Gas: <u>22</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate:	Bbls oil: <u>1</u> Mcf Gas: <u>22</u> Bbls H2O: <u>0</u> GOR: <u>22500</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>379</u> Tubing PSI: <u>307</u> Choke Size: <u>12/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1293</u> API Gravity Oil: <u>46</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7198</u> Tbg setting date: <u>11/13/2009</u> 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: J SAND Status: PRODUCING

Treatment Date: 03/09/2011 Date of First Production this formation: 09/15/2002

Perforations Top: 7650 Bottom: 7688 No. Holes: 56 Hole size: 0.38

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

Circulate well clean to remove sand plug and commingle well.  
Commingled with NB/CD formation on 3/23/2011.

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: \_\_\_\_\_

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: 4/21/2011 Email Cindy.Vue@anadarko.com

**Attachment Check List**

Att Doc Num	Name
400156668	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)