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|--|--|---|--|---------------------------------------|--|---|------------------------------|--|----------------------------|---|--|
| 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: <div style="text-align: center; font-weight: bold;">400156668</div> | | | | | | | | |
| 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>Cindy Vue</u></td> </tr> <tr> <td>2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u></td> <td>Phone: <u>(720) 929-6832</u></td> </tr> <tr> <td>3. Address: <u>P O BOX 173779</u></td> <td>Fax: <u>(720) 929-7832</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>Cindy Vue</u> | 2. Name of Operator: <u>KERR-MCGEE OIL & 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> | |
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| <table style="width: 100%;"> <tr> <td style="width: 50%;">5. API Number <u>05-123-20959-00</u></td> <td style="width: 50%;">6. County: <u>WELD</u></td> </tr> <tr> <td>7. Well Name: <u>HUDSON</u></td> <td>Well Number: <u>3-35A</u></td> </tr> <tr> <td>8. Location: QtrQtr: <u>NENW</u> Section: <u>35</u> Township: <u>2N</u> Range: <u>65W</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>05-123-20959-00</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> | |
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| 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u> | | | | | | | | | | | |
| <u>Completed Interval</u> | | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 50%;">FORMATION: <u>J-NIOBRARA-CODELL</u></td> <td style="width: 50%;">Status: <u>COMMINGLED</u></td> </tr> </table> | | | | FORMATION: <u>J-NIOBRARA-CODELL</u> | Status: <u>COMMINGLED</u> | | | | | | |
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| <table style="width: 100%;"> <tr> <td style="width: 25%;">Perforations Top: <u>6944</u></td> <td style="width: 25%;">Bottom: <u>7688</u></td> <td style="width: 25%;">No. Holes: <u>172</u></td> <td style="width: 25%;">Hole size: <u>0.38</u></td> </tr> </table> | | | | Perforations Top: <u>6944</u> | Bottom: <u>7688</u> | No. Holes: <u>172</u> | Hole size: <u>0.38</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 | | | | | | | | | | | |
| Test Information: | | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td>Date: <u>04/18/2011</u></td> <td>Hours: <u>24</u></td> <td>Bbls oil: <u>1</u></td> <td>Mcf Gas: <u>22</u></td> <td>Bbls H2O: <u>0</u></td> </tr> </table> | | | | 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> | | | |
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| <table style="width: 100%;"> <tr> <td>Calculated 24 hour rate:</td> <td>Bbls oil: <u>1</u></td> <td>Mcf Gas: <u>22</u></td> <td>Bbls H2O: <u>0</u></td> <td>GOR: <u>22500</u></td> </tr> </table> | | | | Calculated 24 hour rate: | Bbls oil: <u>1</u> | Mcf Gas: <u>22</u> | Bbls H2O: <u>0</u> | GOR: <u>22500</u> | | | |
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| <table style="width: 100%;"> <tr> <td>Test Method: <u>FLOWING</u></td> <td>Casing PSI: <u>379</u></td> <td>Tubing PSI: <u>307</u></td> <td>Choke Size: <u>12/64</u></td> </tr> </table> | | | | Test Method: <u>FLOWING</u> | Casing PSI: <u>379</u> | Tubing PSI: <u>307</u> | Choke Size: <u>12/64</u> | | | | |
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| <table style="width: 100%;"> <tr> <td>Gas Disposition: <u>SOLD</u></td> <td>Gas Type: <u>WET</u></td> <td>BTU Gas: <u>1293</u></td> <td>API Gravity Oil: <u>46</u></td> </tr> </table> | | | | Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u> | BTU Gas: <u>1293</u> | API Gravity Oil: <u>46</u> | | | | |
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| <table style="width: 100%;"> <tr> <td>Tubing Size: <u>2 + 3/8</u></td> <td>Tubing Setting Depth: <u>7198</u></td> <td>Tbg setting date: <u>11/13/2009</u></td> <td>Packer Depth: _____</td> </tr> </table> | | | | Tubing Size: <u>2 + 3/8</u> | Tubing Setting Depth: <u>7198</u> | Tbg setting date: <u>11/13/2009</u> | Packer Depth: _____ | | | | |
| 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%;"></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.

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|---|-----------------------------|---|-----------------------------------|----------------------------|
| FORMATION: <u>J SAND</u> | | Status: <u>PRODUCING</u> | | |
| Treatment Date: <u>03/09/2011</u> | | Date of First Production this formation: <u>09/15/2002</u> | | |
| Perforations | Top: <u>7650</u> | Bottom: <u>7688</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;">Circulate well clean to remove sand plug and commingle well. Commingle with NB/CD formation on 3/23/2011.</div> | | | | |
| 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: _____ | Gas Type: _____ | BTU Gas: _____ | API Gravity Oil: _____ | |
| Tubing Size: _____ | Tubing Setting Depth: _____ | Tbg setting date: _____ | Packer Depth: _____ | |
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| 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%; margin-top: 5px;"></div> |
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| | | | |
|--|------------------------|-------------------------------------|--|
| I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete. | | | |
| Signed: _____ | | Print Name: <u>Cindy Vue</u> | |
| Title: <u>Regulatory Analyst II</u> | Date: <u>4/21/2011</u> | Email <u>Cindy.Vue@anadarko.com</u> | |

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400156668 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)