


<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> Document Number:  <div style="text-align: center; font-weight: bold;">400161865</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>05-123-25431-00</u></td> <td style="width: 50%;">6. County: <u>WELD</u></td> </tr> <tr> <td>7. Well Name: <u>STROMQUIST</u></td> <td>Well Number: <u>35-21</u></td> </tr> <tr> <td>8. Location: QtrQtr: <u>SESW</u> Section: <u>21</u> Township: <u>2N</u> Range: <u>68W</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>05-123-25431-00</u>	6. County: <u>WELD</u>	7. Well Name: <u>STROMQUIST</u>	Well Number: <u>35-21</u>	8. Location: QtrQtr: <u>SESW</u> Section: <u>21</u> Township: <u>2N</u> Range: <u>68W</u> Meridian: <u>6</u>		9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>																							
5. API Number <u>05-123-25431-00</u>	6. County: <u>WELD</u>																																
7. Well Name: <u>STROMQUIST</u>	Well Number: <u>35-21</u>																																
8. Location: QtrQtr: <u>SESW</u> Section: <u>21</u> Township: <u>2N</u> Range: <u>68W</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: 50%;">FORMATION: <u>J-NIOBRARA-CODELL</u></td> <td style="width: 50%;">Status: <u>COMMINGLED</u></td> </tr> <tr> <td>Treatment Date: <u>04/07/2011</u></td> <td>Date of First Production this formation: <u>04/15/2011</u></td> </tr> <tr> <td>Perforations Top: <u>7329</u> Bottom: <u>8084</u></td> <td>No. Holes: <u>232</u> Hole size: <u>0.38</u></td> </tr> <tr> <td>Provide a brief summary of the formation treatment:</td> <td>Open Hole: <input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="border: 1px solid black; padding: 2px;">JSND REC</td> </tr> <tr> <td colspan="2">This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>Test Information:</b></td> </tr> <tr> <td>Date: <u>05/02/2011</u> Hours: <u>24</u></td> <td>Bbls oil: <u>8</u> Mcf Gas: <u>60</u> Bbls H2O: <u>0</u></td> </tr> <tr> <td>Calculated 24 hour rate:</td> <td>Bbls oil: <u>8</u> Mcf Gas: <u>60</u> Bbls H2O: <u>0</u> GOR: <u>7500</u></td> </tr> <tr> <td>Test Method: <u>FLOWING</u></td> <td>Casing PSI: <u>1427</u> Tubing PSI: <u>1079</u> Choke Size: <u>18/64</u></td> </tr> <tr> <td>Gas Disposition: <u>SOLD</u></td> <td>Gas Type: <u>WET</u> BTU Gas: <u>1240</u> API Gravity Oil: <u>52</u></td> </tr> <tr> <td>Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>8062</u></td> <td>Tbg setting date: <u>04/11/2011</u> Packer Depth: _____</td> </tr> <tr> <td colspan="2">Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> </tr> <tr> <td colspan="2">Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____</td> </tr> <tr> <td colspan="2">Bridge Plug Depth: _____ Sacks cement on top: _____</td> </tr> </table>				FORMATION: <u>J-NIOBRARA-CODELL</u>	Status: <u>COMMINGLED</u>	Treatment Date: <u>04/07/2011</u>	Date of First Production this formation: <u>04/15/2011</u>	Perforations Top: <u>7329</u> Bottom: <u>8084</u>	No. Holes: <u>232</u> Hole size: <u>0.38</u>	Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>	JSND REC		This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Test Information:</b>		Date: <u>05/02/2011</u> Hours: <u>24</u>	Bbls oil: <u>8</u> Mcf Gas: <u>60</u> Bbls H2O: <u>0</u>	Calculated 24 hour rate:	Bbls oil: <u>8</u> Mcf Gas: <u>60</u> Bbls H2O: <u>0</u> GOR: <u>7500</u>	Test Method: <u>FLOWING</u>	Casing PSI: <u>1427</u> Tubing PSI: <u>1079</u> Choke Size: <u>18/64</u>	Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1240</u> API Gravity Oil: <u>52</u>	Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>8062</u>	Tbg setting date: <u>04/11/2011</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: _____	
FORMATION: <u>J-NIOBRARA-CODELL</u>	Status: <u>COMMINGLED</u>																																
Treatment Date: <u>04/07/2011</u>	Date of First Production this formation: <u>04/15/2011</u>																																
Perforations Top: <u>7329</u> Bottom: <u>8084</u>	No. Holes: <u>232</u> Hole size: <u>0.38</u>																																
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>																																
JSND REC																																	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																	
<b>Test Information:</b>																																	
Date: <u>05/02/2011</u> Hours: <u>24</u>	Bbls oil: <u>8</u> Mcf Gas: <u>60</u> Bbls H2O: <u>0</u>																																
Calculated 24 hour rate:	Bbls oil: <u>8</u> Mcf Gas: <u>60</u> Bbls H2O: <u>0</u> GOR: <u>7500</u>																																
Test Method: <u>FLOWING</u>	Casing PSI: <u>1427</u> Tubing PSI: <u>1079</u> Choke Size: <u>18/64</u>																																
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1240</u> API Gravity Oil: <u>52</u>																																
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>8062</u>	Tbg setting date: <u>04/11/2011</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.**

FORMATION: <u>J SAND</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>04/07/2011</u>		Date of First Production this formation: <u>04/15/2011</u>			
Perforations	Top: <u>8060</u>	Bottom: <u>8084</u>	No. Holes: <u>63</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;">Frac J-Sand down 4-1/2" Csg w/ 157,920 gal Slickwater w/ 115,520# 30/50, 4,000# SuperLC.</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:

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

### Attachment Check List

Att Doc Num	Name
400161865	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)