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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: 400170572 | | | | |
| 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. | | | | | | | |

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| 1. OGCC Operator Number: <u>47120</u> | 4. Contact Name: <u>CARA MAHLER</u> |
| 2. Name of Operator: <u>KERR-MCGEE OIL & 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> | |

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|--|---------------------------|
| 5. API Number <u>05-123-22258-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>FOSTER</u> | Well Number: <u>18-35</u> |
| 8. Location: QtrQtr: <u>NWNW</u> Section: <u>35</u> Township: <u>3N</u> Range: <u>65W</u> Meridian: <u>6</u> | |
| 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u> | |

| <u>Completed Interval</u> | |
|---|---|
| FORMATION: <u>NIOBRARA-CODELL</u> | Status: <u>PRODUCING</u> |
| Treatment Date: <u>05/19/2011</u> | Date of First Production this formation: _____ |
| Perforations Top: <u>6834</u> Bottom: <u>7128</u> | No. Holes: <u>59</u> Hole size: <u>0.45</u> |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| RE PERF CD (5/4/2011) 7116-7128 HOLES 36 SIZE .42 Re-Frac Codell down 4-1/2" Csg w/ 272,118 gal Slickwater w/ 207,380# 40/70, 4,000# SB Excel. | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | |
| Date: <u>05/31/2011</u> Hours: <u>24</u> | Bbls oil: <u>76</u> Mcf Gas: <u>368</u> Bbls H2O: <u>0</u> |
| Calculated 24 hour rate: | Bbls oil: <u>76</u> Mcf Gas: <u>368</u> Bbls H2O: <u>0</u> GOR: <u>4842</u> |
| Test Method: <u>FLOWING</u> | Casing PSI: <u>1575</u> Tubing PSI: <u>1025</u> Choke Size: <u>18/64</u> |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u> BTU Gas: <u>1228</u> API Gravity Oil: <u>53</u> |
| Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7098</u> | Tbg setting date: <u>05/23/2011</u> 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: _____ |

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| Comment: |
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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: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: 6/1/2011 Email CARA.MAHLER@ANADARKO.COM
:

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400170572 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)