


<b>FORM</b> <b>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:  400171702	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.							
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>					
5. API Number <u>05-123-23457-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>GEIB</u>		Well Number: <u>17-26</u>					
8. Location: QtrQtr: <u>NENE</u>	Section: <u>26</u>	Township: <u>5N</u>	Range: <u>65W</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>05/17/2011</u>		Date of First Production this formation: <u>07/12/2006</u>					
Perforations Top: <u>6674</u>	Bottom: <u>6974</u>	No. Holes: <u>186</u>	Hole size: <u>0.38</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
<u>Re-Frac Codell down 4-1/2" Csg w/ 261,030 gal Slickwater w/ 207,240# 40/70, 4,640# SB Excel, 0# .</u>							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Test Information:</b>							
Date: <u>06/02/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>117</u>				
Calculated 24 hour rate:	Bbls oil: <u>0</u>	Mcf Gas: <u>117</u>	Bbls H2O: <u>0</u>				
Test Method: <u>FLOWING</u>	Casing PSI: <u>1398</u>	Tubing PSI: <u>1054</u>	Choke Size: <u>30/64</u>				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1289</u>	API Gravity Oil: <u>0</u>				
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6926</u>	Tbg setting date: <u>05/24/2011</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:					
Comment:							
<div style="border: 1px solid black; height: 20px; width: 100%;"></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>6/3/2011</u>	Email <u>CARA.MAHLER@ANADARKO.COM</u>					

**Attachment Check List**

Att Doc Num	Name
400171702	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)