

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



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Document Number:

400179989

COMPLETED INTERVAL REPORT

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: 47120 4. Contact Name: CARA MAHLER
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029
3. Address: P O BOX 173779 Fax: (720) 929-7029
City: DENVER State: CO Zip: 80217-

5. API Number 05-123-11649-00 6. County: WELD
7. Well Name: ANDERSON-COOMBS Well Number: 1
8. Location: QtrQtr: NESW Section: 25 Township: 5N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

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|---|--------------------------------------|---|---|
| FORMATION: <u>NIOBRARA-CODELL</u> | | Status: <u>PRODUCING</u> | |
| Treatment Date: <u>06/14/2011</u> | | Date of First Production this formation: _____ | |
| Perforations | Top: <u>7024</u> Bottom: <u>7221</u> | No. Holes: <u>78</u> | Hole size: _____ |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | |
| <u>Tri-Frac Codell down 2-7/8" Tbg w/ Pkr ^ Nio w/ 117,970 gal Vistar w/ 262,140# 20/40, 4,160# SB Excel.</u> | | | |
| This formation is commingled with another formation: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | | | |
| Date: <u>06/27/2011</u> | Hours: <u>24</u> | Bbls oil: <u>1</u> | Mcf Gas: <u>43</u> Bbls H2O: <u>0</u> |
| Calculated 24 hour rate: | | Bbls oil: <u>1</u> | Mcf Gas: <u>43</u> Bbls H2O: <u>0</u> GOR: <u>43000</u> |
| Test Method: <u>FLOWING</u> | Casing PSI: <u>899</u> | Tubing PSI: <u>829</u> | Choke Size: <u>24/64</u> |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u> | BTU Gas: <u>1270</u> | API Gravity Oil: <u>64</u> |
| Tubing Size: <u>2 + 3/8</u> | Tubing Setting Depth: <u>7171</u> | Tbg setting date: <u>06/16/2011</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: _____ | |

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: _____ Email: CARA.MAHLER@ANADARKO.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| | |

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)