

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		DE ET OE ES
COMPLETED INTERVAL REPORT			Document Number: 400168161
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>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>	

5. API Number <u>05-123-31750-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>SATER</u>	Well Number: <u>2-8</u>
8. Location: QtrQtr: <u>SWNE</u> Section: <u>8</u> Township: <u>2N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>J-NIOBRARA-CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>03/28/2011</u>	Date of First Production this formation: <u>04/26/2011</u>
Perforations Top: <u>7576</u> Bottom: <u>8278</u>	No. Holes: <u>174</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>

NB Perf 7576-7708 Holes 72 Size 0.47
 CD Perf 7830-7848 Holes 54 Size 0.42
 J S Perf 8240-8278 Holes 48 Size 0.42

This formation is commingled with another formation: Yes No

Test Information:

Date: <u>04/28/2011</u>	Hours: <u>24</u>	Bbls oil: <u>75</u>	Mcf Gas: <u>200</u>	Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>75</u>	Mcf Gas: <u>200</u>	Bbls H2O: <u>0</u>	GOR: <u>2667</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1750</u>	Tubing PSI: _____	Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1249</u>	API Gravity Oil: <u>49</u>	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: J SAND Status: PRODUCING

Treatment Date: 03/28/2011 Date of First Production this formation: 04/26/2011

Perforations Top: 8240 Bottom: 8278 No. Holes: 48 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole:

J S Perf 8240-8278 Holes 48 Size 0.42
Frac J-Sand down 4-1/2" Csg w/ 149,411 gal Slickwater w/ 115,580# 40/70, 4,000# SB Excel

This formation is commingled with another formation: Yes 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: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/07/2011 Date of First Production this formation: 04/26/2011

Perforations Top: 7576 Bottom: 7848 No. Holes: 126 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole:

NB Perf 7576-7708 Holes 72 Size 0.47 CD Perf 7830-7848 Holes 54 Size 0.42
Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 247,466 gal Slickwater w/ 200,760# 40/70, 4,000# SB Excel
Frac Codell down 4-1/2" Csg w/ 206,346 gal Slickwater w/ 150,960# 40/70, 4,000# SB Excel

This formation is commingled with another formation: Yes 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: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes 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: Cindy Vue

Title: Regulatory Analyst II Date: 5/24/2011 Email Cindy.Vue@anadarko.com
:

Attachment Check List

Att Doc Num	Name
400168161	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)