


<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="border: 1px solid black; padding: 5px; text-align: center;">400167662</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.							
1. OGCC Operator Number: <u>47120</u>		4. Contact Name: <u>Cindy Vue</u>					
2. Name of Operator: <u>KERR-MCGEE OIL &amp; 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>05-123-31752-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>SATER</u>		Well Number: <u>24-8</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>SPINDLE</u>		Field Code: <u>77900</u>					
<u>Completed Interval</u>							
FORMATION: <u>J-NIOBRARA-CODELL</u>		Status: <u>COMMINGLED</u>					
Treatment Date: <u>03/31/2011</u>		Date of First Production this formation: <u>04/26/2011</u>					
Perforations Top: <u>7342</u>	Bottom: <u>8024</u>	No. Holes: <u>168</u>	Hole size: <u>0.42</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
NB Perf 7342-7466 Holes 72 Size 0.42 CD Perf 7590-7602 Holes 48 Size 0.42 J S Perf 7992-8024 Holes 48 Size 0.42							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Test Information:</b>							
Date: <u>04/28/2011</u>	Hours: <u>24</u>	Bbls oil: <u>38</u>	Mcf Gas: <u>100</u> Bbls H2O: <u>0</u>				
Calculated 24 hour rate:		Bbls oil: <u>38</u>	Mcf Gas: <u>100</u> Bbls H2O: <u>0</u> GOR: <u>2632</u>				
Test Method: <u>FLOWING</u>	Casing PSI: <u>1800</u>	Tubing PSI: <u>          </u>	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: <u>          </u>	Tubing Setting Depth: <u>          </u>	Tbg setting date: <u>          </u>	Packer Depth: <u>          </u>				
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							
Date formation Abandoned: <u>          </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u>          </u>				
Bridge Plug Depth: <u>          </u>		Sacks cement on top: <u>          </u>					

FORMATION: <u>J SAND</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>03/31/2011</u>		Date of First Production this formation: <u>04/26/2011</u>			
Perforations	Top: <u>7992</u>	Bottom: <u>8024</u>	No. Holes: <u>48</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
J S Perf 7992-8024 Holes 48 Size 0.42 Frac J-Sand down 4-1/2" Csg w/ 148,302 gal Slickwater w/ 115,180# 40/70, 4,000# SB Excel					
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: _____					
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>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>04/18/2011</u>		Date of First Production this formation: <u>04/26/2011</u>			
Perforations	Top: <u>7342</u>	Bottom: <u>7602</u>	No. Holes: <u>120</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
NB Perf 7342-7466 Holes 72 Size 0.42 CD Perf 7590-7602 Holes 48 Size 0.42 Frac Niobrara down 4-1/2" Csg w/ 252 gal 15% HCl & 245,238 gal Slickwater w/ 201,240# 40/70, 4,000# SB Excel Frac Codell down 4-1/2" Csg w/ 196,392 gal Slickwater w/ 150,620# 40/70, 4,000# SB Excel					
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: _____					
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: _____
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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: 5/23/2011 Email Cindy.Vue@anadarko.com  
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### **Attachment Check List**

Att Doc Num	Name
400167662	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)