


<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="text-align: center; font-weight: bold;">400165915</div>	DE	ET	OE	ES
DE	ET	OE	ES				
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: <u>47120</u> 2. Name of Operator: <u>KERR-MCGEE OIL &amp; GAS ONSHORE LP</u> 3. Address: <u>P O BOX 173779</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-37</u>		4. Contact Name: <u>CARA MAHLER</u> Phone: <u>(720) 929-6029</u> Fax: <u>(720) 929-7029</u>					
5. API Number <u>05-123-32785-00</u> 7. Well Name: <u>SEKICH</u> 8. Location:    QtrQtr: <u>SWSE</u> Section: <u>17</u> Township: <u>3N</u> Range: <u>67W</u> Meridian: <u>6</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>		6. County: <u>WELD</u> Well Number: <u>19-17</u>					
<u>Completed Interval</u>							
FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>04/19/2011</u>		Date of First Production this formation: <u>05/02/2011</u>					
Perforations    Top: <u>7292</u> Bottom: <u>7560</u>	No. Holes: <u>122</u>	Hole size: <u>0.38</u>					
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
NB PERF 7292-7425 HOLES 62 SIZE .42      CD PERF 7540-7560 HOLES 60 SIZE .38 Frac Niobrara A & B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 247,842 gal Slickwater w/ 200,800# 40/70, 4,060# SB Excel. Frac Codell down 4-1/2" Csg w/ 203,532 gal Slickwater w/ 150,780# 40/70, 4,070# SB Excel.							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Test Information:</b>							
Date: <u>05/15/2011</u> Hours: <u>24</u>	Bbls oil: <u>48</u> Mcf Gas: <u>87</u>	Bbls H2O: <u>0</u>					
Calculated 24 hour rate:	Bbls oil: <u>48</u> Mcf Gas: <u>87</u>	Bbls H2O: <u>0</u> GOR: <u>1813</u>					
Test Method: <u>FLOWING</u>	Casing PSI: <u>776</u>	Tubing PSI: _____	Choke Size: <u>10/64</u>				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1219</u>	API Gravity Oil: <u>49</u>				
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	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: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: 5/17/2011 Email CARA.MAHLER@ANADARKO.COM  
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### **Attachment Check List**

Att Doc Num	Name
400165915	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)