

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: 400165915

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 City: DENVER State: CO Zip: 80217-37 Fax: (720) 929-7029

5. API Number 05-123-32785-00 6. County: WELD
7. Well Name: SEKICH Well Number: 19-17
8. Location: QtrQtr: SWSE Section: 17 Township: 3N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/19/2011 Date of First Production this formation: 05/02/2011
Perforations Top: 7292 Bottom: 7560 No. Holes: 122 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole: []

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: [] Yes [X] No

Test Information:

Date: 05/15/2011 Hours: 24 Bbls oil: 48 Mcf Gas: 87 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 48 Mcf Gas: 87 Bbls H2O: 0 GOR: 1813
Test Method: FLOWING Casing PSI: 776 Tubing PSI: Choke Size: 10/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1219 API Gravity Oil: 49
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: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: 5/17/2011 Email CARA.MAHLER@ANADARKO.COM
:

Attachment Check List

Att Doc Num	Name
400165915	FORM 5A SUBMITTED

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

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