

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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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 05-123-32787-00 6. County: WELD
7. Well Name: SEKICH Well Number: 23-17
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: 04/29/2011 Date of First Production this formation: 05/04/2011
Perforations Top: 7018 Bottom: 7294 No. Holes: 116 Hole size: 0.38

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

NB PERF 7018-7158 HOLES 56 SIZE .47 CD PERF 7274-7294 HOLES 60 SIZE .38
Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 243,854 gal Slickwater w/ 201,520# 40/70, 4,020# SB Excel.
Frac Codell down 4-1/2" Csg w/ 202,314 gal Slickwater w/ 150,920# 40/70, 4,120# 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: 115 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 48 Mcf Gas: 115 Bbls H2O: 0 GOR: 2396
Test Method: FLOWING Casing PSI: 1546 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: 5/18/2011 Email CARA.MAHLER@ANADARKO.COM
:

Attachment Check List

Att Doc Num	Name
400166447	FORM 5A SUBMITTED

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

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