


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		<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;">400181087</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 & 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>Cindy Vue</u> Phone: <u>(720) 929-6832</u> Fax: <u>(720) 929-7832</u>					
5. API Number <u>05-123-32145-00</u> 7. Well Name: <u>WILDFLOWER</u> 8. Location: QtrQtr: <u>SESW</u> Section: <u>27</u> Township: <u>2N</u> Range: <u>68W</u> Meridian: <u>6</u> 9. Field Name: <u>SPINDLE</u> Field Code: <u>77900</u>		6. County: <u>WELD</u> Well Number: <u>19-27</u>					
<u>Completed Interval</u>							
FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>04/26/2011</u>		Date of First Production this formation: <u>06/15/2011</u>					
Perforations Top: <u>7360</u> Bottom: <u>7680</u>	No. Holes: <u>126</u>	Hole size: <u>0.42</u>					
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
NB PERF 7360-7530 HOLES 66 SIZE 0.42 CD PERF 7660-7680 HOLES 60 SIZE 0.42 Frac Niobrara A & B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 244,524 gal Slickwater w/ 200,420# 40/70, 4,000# SB Excel Frac Codell down 4-1/2" Csg w/ 206,808 gal Slickwater w/ 150,400# 40/70, 4,000# SB Excel							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>06/16/2011</u> Hours: <u>24</u>	Bbls oil: <u>40</u> Mcf Gas: <u>100</u> Bbls H2O: <u>0</u>						
Calculated 24 hour rate:	Bbls oil: <u>40</u> Mcf Gas: <u>100</u> Bbls H2O: <u>0</u> GOR: <u>2500</u>						
Test Method: <u>FLOWING</u>	Casing PSI: <u>1409</u> Tubing PSI: _____ Choke Size: <u>12/64</u>						
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1246</u> API Gravity Oil: <u>50</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: Cindy Vue

Title: Regulatory Analyst II Date: 6/30/2011 Email Cindy.Vue@anadarko.com
:

Attachment Check List

Att Doc Num	Name
400181087	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)