


<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;">400174203</div>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>							
<p>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.</p>							
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>05-123-15751-00</u> 7. Well Name: <u>HSR-DEMEULES</u> 8. Location: QtrQtr: <u>NESE</u> Section: <u>22</u> Township: <u>3N</u> Range: <u>65W</u> Meridian: <u>6</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>		6. County: <u>WELD</u> Well Number: <u>9-22</u>					
<u>Completed Interval</u>							
FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>05/20/2011</u>		Date of First Production this formation: <u>06/01/2011</u>					
Perforations Top: <u>6815</u>	Bottom: <u>7110</u>	No. Holes: <u>85</u>	Hole size: <u>0.38</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
REPERF CDL (5/6/2011) 7096-7110 HOLES 42 SIZE .38 Tri-Frac Codell down 2-7/8" Tbg w/ Pkr ^ Nio w/ 199,450 gal Slickwater w/ 150,520# 40/70, 4,220# SB Excel.							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Test Information:</b>							
Date: <u>06/07/2011</u>	Hours: <u>24</u>	Bbls oil: <u>4</u>	Mcf Gas: <u>105</u>				
Calculated 24 hour rate:		Bbls oil: <u>4</u>	Mcf Gas: <u>105</u>				
Test Method: <u>FLOWING</u>	Casing PSI: <u>875</u>	Tubing PSI: _____	Choke Size: _____				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1229</u>	API Gravity Oil: <u>73</u>				
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____				
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></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; padding: 5px;">NO CHOKE.</div>							

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

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: 6/13/2011 Email CARA.MAHLER@ANADARKO.COM  
:

### **Attachment Check List**

Att Doc Num	Name
400174203	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)