

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>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; font-weight: bold;">400175500</div>				

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>	4. Contact Name: <u>CARA MAHLER</u>
2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6029</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7029</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-37</u>	

5. API Number <u>05-123-22204-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>BOOTH</u>	Well Number: <u>9-25</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>25</u> Township: <u>4N</u> Range: <u>64W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>05/26/2011</u>	Date of First Production this formation: <u>06/06/2011</u>
Perforations Top: <u>6587</u> Bottom: <u>6834</u>	No. Holes: <u>159</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
REPERF CDL (5/11/11) 6822-6834 HOLES 36 .38 Re-Frac Codell down 4-1/2" Csg w/ 208,320 gal Slickwater w/ 200,340# 40/70, 4,000# SB Excel, 0# .	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>06/12/2011</u> Hours: <u>24</u>	Bbls oil: <u>27</u> Mcf Gas: <u>216</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>27</u> Mcf Gas: <u>216</u> Bbls H2O: <u>0</u> GOR: <u>1000</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>777</u> Tubing PSI: <u>530</u> Choke Size: <u>18/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1273</u> API Gravity Oil: <u>49</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6798</u>	Tbg setting date: <u>05/31/2011</u> 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:

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: 6/15/2011 Email CARA.MAHLER@ANADARKO.COM
:

Attachment Check List

Att Doc Num	Name
400175500	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)