

<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		DE ET OE ES
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  400181352
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 &amp; 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>05-123-22112-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>BROTEMARKLE</u>	Well Number: <u>6-24</u>
8. Location: QtrQtr: <u>SENW</u> Section: <u>24</u> Township: <u>3N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

<u>Completed Interval</u>	
FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>06/10/2011</u>	Date of First Production this formation: <u>06/27/2011</u>
Perforations Top: <u>7198</u> Bottom: <u>7490</u>	No. Holes: <u>134</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
CDL REPERF (5/25/2011) 7474-7490 HOLES 32. NO HOLE SIZE AVAILABLE Re-Frac Codell down 4-1/2" Csg w/ 261,408 gal Slickwater w/ 208,340# 40/70, 4,160# SB Excel.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>06/30/2011</u> Hours: <u>24</u> Bbls oil: <u>12</u> Mcf Gas: <u>239</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate:	Bbls oil: <u>12</u> Mcf Gas: <u>239</u> Bbls H2O: <u>0</u> GOR: <u>19917</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1750</u> Tubing PSI: _____ Choke Size: <u>12/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1260</u> API Gravity Oil: <u>57</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%; 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:
----------

**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: 7/1/2011 Email CARA.MAHLER@ANADARKO.COM  
:

**Attachment Check List**

Att Doc Num	Name
400181352	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)