

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 with 4 columns: DE, ET, OE, ES

Document Number: 400185143

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

5. API Number 05-123-11137-00 6. County: WELD 7. Well Name: UPRR 38 PAN AM "D" TRUE Well Number: 1 8. Location: QtrQtr: NESE Section: 1 Township: 2N Range: 66W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 08/11/2011 Date of First Production this formation: 06/29/2004 Perforations Top: 7410 Bottom: 7425 No. Holes: 60 Hole size: 0.38

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

NB REC

This formation is commingled with another formation: [X] Yes [] No

Test Information:

Date: Hours: Bbls oil: Mcf Gas: Bbls H2O: Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: Test Method: Casing PSI: Tubing PSI: Choke Size: Gas Disposition: Gas Type: BTU Gas: API Gravity Oil: 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:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 07/27/2010 Date of First Production this formation: 02/07/1984

Perforations Top: 7859 Bottom: 7912 No. Holes: 212 Hole size: 0.38

Provide a brief summary of the formation treatment: _____ Open Hole:

CIBP SET @ 7530-7730

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

CIBP SET @ 7530-7730

Date formation Abandoned: 07/27/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7730 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/11/2010 Date of First Production this formation: 08/25/2010

Perforations Top: 7194 Bottom: 7425 No. Holes: 102 Hole size: 0.38

Provide a brief summary of the formation treatment: _____ Open Hole:

NB REC

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/11/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 6 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 6 Bbls H2O: 0 GOR: 1267

Test Method: FLOWING Casing PSI: 513 Tubing PSI: 141 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1254 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7394 Tbg setting date: 08/17/2010 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: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 08/11/2010 Date of First Production this formation: 08/25/2010

Perforations Top: 7194 Bottom: 7270 No. Holes: 42 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole:

Frac Niobrara B & C down 2-7/8" Tbg w/ Pkr ^ Nio w/ 166,328 gal Dynaflo 2 Hybrid w/ 250,780# 20/40 & 4,000# 20/40 SuperLC.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

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: 7/14/2011 Email CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400185143	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)