


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;">400185248</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>CARA MAHLER</u> Phone: <u>(720) 929-6029</u> Fax: <u>(720) 929-7029</u>					
5. API Number <u>05-123-25710-00</u> 7. Well Name: <u>PLATTE</u> 8. Location: QtrQtr: <u>NWSE</u> Section: <u>2</u> Township: <u>3N</u> Range: <u>67W</u> Meridian: <u>6</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>		6. County: <u>WELD</u> Well Number: <u>25-2</u>					
Completed Interval							
FORMATION: <u>J-NIOBRARA-CODELL</u>		Status: <u>COMMINGLED</u>					
Treatment Date: <u>06/21/2011</u>		Date of First Production this formation: <u>07/01/2011</u>					
Perforations Top: <u>7006</u>	Bottom: <u>7780</u>	No. Holes: <u>234</u>	Hole size: <u>0.38</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
JSND REC							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>07/11/2011</u>	Hours: <u>24</u>	Bbls oil: <u>1</u>	Mcf Gas: <u>6</u> Bbls H2O: <u>0</u>				
Calculated 24 hour rate:		Bbls oil: <u>1</u>	Mcf Gas: <u>6</u> Bbls H2O: <u>0</u> GOR: <u>6000</u>				
Test Method: <u>FLOWING</u>	Casing PSI: <u>1031</u>	Tubing PSI: <u>698</u>	Choke Size: <u>24/64</u>				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1251</u>	API Gravity Oil: <u>52</u>				
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7717</u>	Tbg setting date: <u>06/23/2011</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: _____					

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>06/21/2011</u>		Date of First Production this formation: <u>07/01/2011</u>		
Perforations	Top: <u>7740</u>	Bottom: <u>7780</u>	No. Holes: <u>60</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">Frac J-Sand down 4-1/2" Csg w/ 166,572 gal Slickwater w/ 159,740# 40/70, 4,520# SB Excel. Broke @ 1,297 psi @ 8.9 bpm.</div>				
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: _____				
<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: <u>CARA MAHLER</u>	
Title: <u>REGULATORY ANALYST 1</u>	Date: <u>7/14/2011</u>	Email <u>CARA.MAHLER@ANADARKO.COM</u>	

Attachment Check List

Att Doc Num	Name
400185248	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)