

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; border: 1px solid black; padding: 5px;">400185486</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>05-123-23679-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>SARCHET</u>	Well Number: <u>41-23</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>23</u> Township: <u>3N</u> Range: <u>66W</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>06/28/2011</u>	Date of First Production this formation: <u>05/19/2008</u>
Perforations Top: <u>7225</u> Bottom: <u>7512</u>	No. Holes: <u>174</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	
Open Hole: <input type="checkbox"/>	
<u>Re-Frac Codell down 4-1/2" Csg w/ 254,352 gal Slickwater w/ 207,780# 40/70, 4,040# SB Excel.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>07/12/2011</u> Hours: <u>24</u>	Bbls oil: <u>9</u> Mcf Gas: <u>144</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>9</u> Mcf Gas: <u>144</u> Bbls H2O: <u>0</u> GOR: <u>16000</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>2100</u> Tubing PSI: _____ Choke Size: <u>14/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1287</u> API Gravity Oil: <u>60</u>
Tubing Size: _____ Tubing Setting Depth: _____	Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production:	
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:

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: 7/15/2011 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400185486	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)