

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



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

5. API Number 05-123-21337-00 6. County: WELD
 7. Well Name: WHEELER Well Number: 1-21A
 8. Location: QtrQtr: NENE Section: 21 Township: 2N Range: 66W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
 Treatment Date: 08/23/2011 Date of First Production this formation: 03/21/2008
 Perforations Top: 7242 Bottom: 7487 No. Holes: 130 Hole size: 0.38
 Provide a brief summary of the formation treatment: _____ Open Hole:
Re-Frac Codell down 4-1/2" Csg w/ 265,780 gal Slickwater w/ 207,600# 40/70, 4,000# SB Excel.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 09/17/2011 Hours: 24 Bbls oil: 7 Mcf Gas: 72 Bbls H2O: 0
 Calculated 24 hour rate: _____ Bbls oil: 7 Mcf Gas: 72 Bbls H2O: 0 GOR: 10286
 Test Method: FLOWING Casing PSI: 1250 Tubing PSI: 682 Choke Size: 28/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1303 API Gravity Oil: 40
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7445 Tbg setting date: 08/25/2011 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: _____ Email CARA.MAHLER@ANADARKO.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)