

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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Document Number:

400171580

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-
4. Contact Name: CARA MAHLER
Phone: (720) 929-6029
Fax: (720) 929-7029

5. API Number 05-123-12851-00
6. County: WELD
7. Well Name: ANDERSON-COOMBS
Well Number: 5
8. Location: QtrQtr: SWNW Section: 25 Township: 5N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL		Status: TEMPORARILY ABANDONED	
Treatment Date: 04/20/2011		Date of First Production this formation: 07/15/2009	
Perforations	Top: 6913	Bottom: 7253	No. Holes: 71
Provide a brief summary of the formation treatment:		Hole size:	
CIBP SET @ 5290'. HOLE SIZE N/A.		Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date:	Hours:	Bbls oil:	Mcf Gas:
Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	Bbls H2O:
Test Method:	Casing PSI:	Tubing PSI:	GOR:
Gas Disposition:	Gas Type:	BTU Gas:	Choke Size:
Tubing Size:	Tubing Setting Depth:	API Gravity Oil:	Tbg setting date:
Reason for Non-Production:		Packer Depth:	
CIBP SET @ 5290'. HOLE SIZE N/A.			
Date formation Abandoned:	Squeeze:	If yes, number of sacks cmt	
04/20/2011	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Bridge Plug Depth:	Sacks cement on top:		
5290			

FORMATION: <u>SUSSEX</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>05/06/2011</u>		Date of First Production this formation: <u>05/24/2011</u>			
Perforations	Top: <u>4510</u>	Bottom: <u>4528</u>	No. Holes: <u>54</u>	Hole size: <u>0.38</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>Frac Sussex down 2-7/8" Tbg w/ Pkr w/ 58,901 gal Lightning w/ 180,240# 16/30, 20,220# SB Excel.</u>					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Test Information:					
Date: <u>05/31/2011</u>	Hours: <u>24</u>	Bbls oil: <u>9</u>	Mcf Gas: <u>55</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>9</u>	Mcf Gas: <u>55</u>	Bbls H2O: <u>0</u>	GOR: <u>6111</u>
Test Method: <u>FLOWING</u>		Casing PSI: <u>787</u>	Tubing PSI: <u>384</u>	Choke Size: <u>24/64</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1267</u>	API Gravity Oil: <u>66</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>4482</u>	Tbg setting date: <u>05/11/2011</u>		Packer Depth: _____	
Reason for Non-Production: <div></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:

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: 6/13/2011 CARA.MAHLER@ANADARKO.COM

Email
:

Attachment Check List

Att Doc Num	Name
400171580	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)