

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:

400204162

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 05-123-22148-00
6. County: WELD
7. Well Name: BROTEMARKLE
Well Number: 13-24
8. Location: QtrQtr: SWSW Section: 24 Township: 3N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>08/10/2011</u>	Date of First Production this formation: <u>08/24/2011</u>
Perforations Top: <u>7197</u> Bottom: <u>7462</u>	No. Holes: <u>83</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>	
<u>CDL REPERF (8/4/2011) 7446-7462 HOLES 32 SIZE .38</u> <u>Re-Frac Codell down 4-1/2" Csg w/ 264,577 gal Slickwater w/ 208,760# 40/70, 4,000# SB Excel.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>09/05/2011</u> Hours: <u>24</u>	Bbls oil: <u>11</u> Mcf Gas: <u>72</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>11</u> Mcf Gas: <u>72</u> Bbls H2O: <u>0</u> GOR: <u>6545</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1127</u> Tubing PSI: <u>1002</u> Choke Size: <u>22/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1275</u> API Gravity Oil: <u>55</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7434</u>	Tbg setting date: <u>08/18/2011</u> Packer Depth: <u></u>
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>
Bridge Plug Depth: <u></u>	Sacks cement on top: <u></u>

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: 9/9/2011 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400204162	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)