

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

Document Number:

400214946

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 05-123-22942-00 6. County: WELD  
 7. Well Name: MAYER STATE Well Number: 16-16  
 8. Location: QtrQtr: SESE Section: 16 Township: 2N Range: 66W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/13/2011 Date of First Production this formation: 07/22/2009

Perforations Top: 7250 Bottom: 7490 No. Holes: 136 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole:

Re-Frac Codell down 4-1/2" Csg w/ 267,603 gal Slickwater w/ 207,280# 40/70, 4,000# SB Excel.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 10/12/2011 Hours: 24 Bbls oil: 6 Mcf Gas: 19 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 6 Mcf Gas: 19 Bbls H2O: 0 GOR: 3167

Test Method: FLOWING Casing PSI: 956 Tubing PSI:  Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1191 API Gravity Oil: 40

Tubing Size:  Tubing Setting Depth:  Tbg setting date:  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: 10/13/2011 Email: CARA.MAHLER@ANADARKO.COM

### Attachment Check List

Att Doc Num	Name
400214946	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

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