

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:

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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: Cindy Vue
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832
 3. Address: P O BOX 173779 Fax: (720) 929-7832
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-33447-00 6. County: WELD
 7. Well Name: HUDCO Well Number: 40-18
 8. Location: QtrQtr: NESE Section: 18 Township: 2N Range: 65W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/20/2011 Date of First Production this formation: 11/07/2011
 Perforations Top: 7186 Bottom: 7426 No. Holes: 130 Hole size: 0.38

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

NB PERF 7186-7320 TOTAL 66 SIZE 0.42 CD PERF 7410-7426 TOTAL 64 SIZE 0.38
 Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 245,196 gal Slickwater w/ 201,360# 40/70, 4,000# SB Excel
 Frac Codell down 4-1/2" Csg w/ 202,314 gal Slickwater w/ 150,740# 40/70, 4,000# SB Excel

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/07/2011 Hours: 24 Bbls oil: 40 Mcf Gas: 200 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 40 Mcf Gas: 200 Bbls H2O: 0 GOR: 5000
 Test Method: FLOWING Casing PSI: 1500 Tubing PSI: _____ Choke Size: 12/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1314 API Gravity Oil: 47
 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: Cindy Vue

Title: Regulatory Analyst II Date: _____ Email Cindy.Vue@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> |
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Total: 0 comment(s)