

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
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 05-123-17613-00
6. County: WELD
7. Well Name: MOSSBERG Well Number: 41-31
8. Location: QtrQtr: NENE Section: 31 Township: 5N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/04/2012 Date of First Production this formation: 01/09/2012
Perforations Top: 6984 Bottom: 7324 No. Holes: 107 Hole size: 0.38

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

CDL REPERF (12/28/2011) 7308-7324 HOLES 16 SIZE .38 NB REPERF (12/28/2011) 6984-7126 HOLES 40 SIZE .38
Re-Frac Niobrara A & B down 2-7/8" Csg w/ 250 gal 15% HCl & 162,668 gal Super Z LpH Hybrid w/ 250,540# 30/50, 4,000# SB
Excel, 0# .
Re-Frac Codell down 2-7/8" Csg w/ 121,002 gal Super Z LpH w/ 261,080# 20/40, 4,000# SB Excel, 0# .

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/16/2012 Hours: 24 Bbls oil: 5 Mcf Gas: 29 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 29 Bbls H2O: 0 GOR: 5800
Test Method: FLOWING Casing PSI: 1825 Tubing PSI: _____ Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1289 API Gravity Oil: 59
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: _____ 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

User Group	Comment	Comment Date

Total: 0 comment(s)