

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

COMPLETED INTERVAL REPORT

Document Number: 400233733

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: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-33477-00
6. County: WELD
7. Well Name: THOMASON
Well Number: 14-16
8. Location: QtrQtr: NESW Section: 16 Township: 2N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/17/2011 Date of First Production this formation: 11/29/2011

Perforations Top: 7224 Bottom: 7464 No. Holes: 116 Hole size: 0.38

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

NB PERF 7224-7356 HOLES 60 SIZE 0.42 CD PERF 7450-7464 HOLES 56 SIZE 0.38
Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 247,603 gal Slickwater w/ 101,060# 40/70, 4,000# SuperLC
Frac Codell down 4-1/2" Csg w/ 193,446 gal Slickwater w/ 76,040# 40/70, 4,000# SuperLC

This formation is commingled with another formation: [ ] Yes [X] No

Test Information:

Date: 11/30/2011 Hours: 24 Bbls oil: 10 Mcf Gas: 100 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 100 Bbls H2O: 0 GOR: 10000

Test Method: FLOWING Casing PSI: 1500 Tubing PSI: Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1251 API Gravity Oil: 49

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: 12/19/2011 Email: Cindy.Vue@anadarko.com

### Attachment Check List

Att Doc Num	Name
400233733	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

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