

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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DE ET OE ES

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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 05-123-19109-00
6. County: WELD
7. Well Name: HSR-MCCLAY
Well Number: 13-34
8. Location: QtrQtr: SWSW Section: 34 Township: 3N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/16/2012 Date of First Production this formation: 01/19/2012

Perforations Top: 7126 Bottom: 7390 No. Holes: 153 Hole size: 0.32

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

CDL REPERF (1/5/2012) 7378-7390 HOLES 24 SIZE .24 NB REPERF (1/5/2012) 7126-7235 HOLES 80 SIZE .24
Tri-Frac Codell down 3-1/2" Csg w/ 206,304 gal Slickwater w/ 151,500# 40/70, 4,000# SB Excel.
Re-Frac Niobrara A & B & C down 3-1/2" Csg w/ 252 gal 15% HCl & 248,514 gal Slickwater w/ 202,880# 40/70, 4,000# SB Excel.

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

Test Information:

Date: 01/25/2012 Hours: 24 Bbls oil: 4 Mcf Gas: 225 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 4 Mcf Gas: 225 Bbls H2O: 0 GOR: 56250

Test Method: FLOWING Casing PSI: 1350 Tubing PSI: Choke Size: 13/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1250 API Gravity Oil: 51

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: 2/1/2012 Email CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400247712	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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