

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

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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: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 01/04/2012 Date of First Production this formation: 12/30/1993
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: 1/17/2012 CARA.MAHLER@ANADARKO.COM

Email  
:

### **Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>
400241868	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Corrected date of first production with opr permission.	3/29/2012 4:04:44 PM

Total: 1 comment(s)