

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:
1637950

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: 80217-37
4. Contact Name: MICHAEL NAGEL
Phone: (720) 929-6000
Fax: (720) 929-7461

5. API Number 05-001-09684-00
6. County: ADAMS
7. Well Name: PARTERRE
Well Number: 23-16
8. Location: QtrQtr: NWSW Section: 16 Township: 1S Range: 67W Meridian: 6

Completed Interval

FORMATION: NIORRARA-CODELL Status: N/A
Treatment Date: _____ Date of First Production this formation: _____
Perforations Top: 7684 Bottom: 8123 No. Holes: 122 Hole size: 38/100
Provide a brief summary of the formation treatment: _____ Open Hole:
This formation is commingled with another formation: Yes No
Test Information:
Date: 04/07/2010 Hours: 24 Bbls oil: 45 Mcf Gas: 10 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 45 Mcf Gas: 10 Bbls H2O: 0 GOR: 223
Test Method: FLOWING Casing PSI: 300 Tubing PSI: _____ Choke Size: _____
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1413 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: _____

FORMATION: NIOBRARA Status: N/A

Treatment Date: 01/19/2010 Date of First Production this formation: 01/19/2010

Perforations Top: 7684 Bottom: 7950 No. Holes: 62 Hole size: 42/100

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

500 GALS ACID AND 235547 GALS FLUID AND 200300 LBS 40/70 SAND AND 4000 LBS 20/40 SB EXCEL.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

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: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: MICHAEL NAGEL

Title: REGULATORY ANALYST II Date: 4/7/2010 Email: MICHAEL.NAGEL@ANADARKO.COM

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: *David S. Neslin* Director of COGCC Date: 6/21/2010

Attachment Check List

Att Doc Num	Name	Doc Description
1637950	FORM 5A SUBMITTED	LF@2480822 1637950

Total Attach: 1 Files