

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:

1637951

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 4. Contact Name: MICHAEL NAGEL
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6000
3. Address: P O BOX 173779 Fax: (720) 929-7461
City: DENVER State: CO Zip: 80217-37

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: <u>CODELL</u> | | Status: <u>N/A</u> | |
| Treatment Date: <u>01/18/2010</u> | | Date of First Production this formation: <u>01/18/2010</u> | |
| Perforations | Top: <u>8103</u> Bottom: <u>8123</u> | No. Holes: <u>60</u> | Hole size: <u>38/100</u> |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | |
| <u>200226 GALS FLUID AND 150080 LBS 40/70 SAND AND 4000 LBS 20/40 SB EXCEL</u> | | | |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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 |
|-------------|-------------------|--------------------|
| 1637951 | FORM 5A SUBMITTED | LF@2480823 1637951 |

Total Attach: 1 Files