

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:

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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 4. Contact Name: Cindy Vue
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832
 3. Address: P O BOX 173779 Fax: (720) 929-7832
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-09999-00 6. County: WELD
 7. Well Name: UPRR 42 PAN AM UNIT AO Well Number: 2
 8. Location: QtrQtr: SENW Section: 35 Township: 2N Range: 67W Meridian: 6

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 07/14/2010 Date of First Production this formation: 07/27/2010

Perforations Top: 7576 Bottom: 7590 No. Holes: 76 Hole size: 0.4

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

Reperf CODL 7578-7588 Holes 20 Size 0.40.
 Refrac CODL w/ 119,750 gal Dynaflo 2 & 261,260# 20/40 sand & 4,000# SuperLC.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/30/2010 Hours: 24 Bbls oil: 4 Mcf Gas: 17 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 4 Mcf Gas: 17 Bbls H2O: 0 GOR: 4250
 Test Method: FLOWING Casing PSI: 783 Tubing PSI: 817 Choke Size: _____
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1285 API Gravity Oil: 44
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7553 Tbg setting date: 07/19/2010 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: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 07/07/2010 Date of First Production this formation: 09/25/1980

Perforations Top: 8010 Bottom: 8056 No. Holes: 144 Hole size: 0.38

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

Set sand plug @ 7808'.

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: _____

JSND temporarily abandoned for CODL refrac.

Date formation Abandoned: 07/07/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7808 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: _____ Email Cindy.Vue@anadarko.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____