

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 05-123-26917-00 6. County: WELD
7. Well Name: GRAY Well Number: 3-16
8. Location: QtrQtr: NENW Section: 16 Township: 4N Range: 67W Meridian: 6

Completed Interval

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>08/04/2010</u>		Date of First Production this formation: <u>08/17/2010</u>	
Perforations	Top: <u>7660</u> Bottom: <u>7694</u>	No. Holes: <u>78</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Frac JSND w/ 145,908 gal SW & 115,000# 40/70 sand & 4,000# SB Excel.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>08/29/2010</u>	Hours: <u>24</u>	Bbls oil: <u>22</u>	Mcf Gas: <u>139</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>22</u>	Mcf Gas: <u>139</u> Bbls H2O: <u>0</u> GOR: <u>6318</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>776</u>	Tubing PSI: <u>498</u>	Choke Size: <u>28/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1354</u>	API Gravity Oil: <u>49</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7635</u>	Tbg setting date: <u>08/10/2010</u>	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
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: _____	

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>08/17/2010</u>		Date of First Production this formation: <u>01/19/2009</u>	
Perforations	Top: <u>6896</u>	Bottom: <u>7223</u>	No. Holes: <u>108</u>
		Hole size: <u>0.38</u>	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
NBRR Perf 6896-7098 Holes 48 Size 0.42 CODL Perf 7203-7223 Holes 60 Size 0.38 No additional treatment.			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>08/29/2010</u>	Hours: <u>24</u>	Bbls oil: <u>22</u>	Mcf Gas: <u>140</u>
		Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>22</u>	Mcf Gas: <u>140</u>
		Bbls H2O: <u>0</u>	GOR: <u>6364</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>776</u>	Tubing PSI: <u>498</u>	Choke Size: <u>28/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1354</u>	API Gravity Oil: <u>49</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7635</u>	Tbg setting date: <u>08/10/2010</u>	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: _____	

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: _____