

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

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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: 80217-37
4. Contact Name: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-21076-00
6. County: WELD
7. Well Name: COPPER
Well Number: 4-15A
8. Location: QtrQtr: NWNW Section: 15 Township: 2N Range: 68W Meridian: 6

Completed Interval

FORMATION: J SAND Status: PRODUCING
Treatment Date: 08/17/2010 Date of First Production this formation: 08/30/2010
Perforations Top: 7840 Bottom: 7870 No. Holes: 84 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole:
Drill out sand plug set @ 7835' to commingle JSND w/ NB-CD.
This formation is commingled with another formation: Yes No
Test Information:
Date: 09/09/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 28 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 28 Bbls H2O: 0 GOR: _____
Test Method: FLOWING Casing PSI: 1101 Tubing PSI: 958 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1281 API Gravity Oil: 49
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7802 Tbg setting date: 08/18/2010 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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/30/2010 Date of First Production this formation: 09/29/2008

Perforations Top: 7202 Bottom: 7430 No. Holes: 120 Hole size: 0.38

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

NBRR Perf 7202-7290 Holes 60 Size 0.42 CODL Perf 7410-7430 Holes 60 Size 0.38
No additional treatment.

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/09/2010 Hours: 24 Bbls oil: 21 Mcf Gas: 64 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 21 Mcf Gas: 64 Bbls H2O: 0 GOR: 3048

Test Method: FLOWING Casing PSI: 1101 Tubing PSI: 958 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1281 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7802 Tbg setting date: 08/18/2010 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: _____

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: _____