

**FORM
5A**Rev
02/08State 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

Document Number:

2554312

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 05-123-30821-00 6. County: WELD
7. Well Name: KCB Well Number: 17-14
8. Location: QtrQtr: NENE Section: 14 Township: 5N Range: 64W Meridian: 6

Completed Interval

FORMATION: <u>NIOBARRA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>04/27/2010</u>		Date of First Production this formation: <u>05/04/2010</u>	
Perforations	Top: <u>6568</u> Bottom: <u>6814</u>	No. Holes: <u>120</u>	Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>NB PERF 6568-6730 HOLES 64 SIZE 0.38. CD PERF 6800-6814 HOLES 56 SIZE 0.38. FRAC NB W/500 GAL 15% HC1 & 245,972 GAL SW W/200,600# 40/70 & 4,000# 20/40 SB EXCEL. FRAC CD W/201,244 GAL SW W/150,120# 40/70 & 4,000# 20/40 SB EXCEL.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>05/14/2010</u>	Hours: <u> </u>	Bbls oil: <u> </u>	Mcf Gas: <u> </u> Bbls H2O: <u> </u>
Calculated 24 hour rate:	Bbls oil: <u>61</u>	Mcf Gas: <u>186</u>	Bbls H2O: <u>0</u> GOR: <u>3049</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1000</u>	Tubing PSI: <u> </u>	Choke Size: <u>12/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1264</u>	API Gravity Oil: <u>50</u>
Tubing Size: <u> </u>	Tubing Setting Depth: <u> </u>	Tbg setting date: <u> </u>	Packer Depth: <u> </u>
Reason for Non-Production: <u> </u>			
Date formation Abandoned: <u> </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u> </u>			
Bridge Plug Depth: <u> </u> Sacks cement on top: <u> </u>			

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 VUETitle: REGULATORY ANALYST II Date: 5/19/2010 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: _____

David S. Neslin

Director of COGCC

Date: 9/17/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2554312	FORM 5A SUBMITTED	LF@2495047 2554312

Total Attach: 1 Files