

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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COMPLETED INTERVAL REPORT

Document Number:
2555551

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 05-123-30822-00
6. County: WELD
7. Well Name: KCB
Well Number: 27-14
8. Location: QtrQtr: NENE Section: 14 Township: 5N Range: 64W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/01/2010 Date of First Production this formation: 05/13/2010

Perforations Top: 6516 Bottom: 6798 No. Holes: 112 Hole size: 38/100

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

NB PERF 6516-6680 HOLES 52 SIZE 0.42 CD PERF 6788-6798 HOLES 60 SIZE 0.38 FRAC NB W/500 GAL 15% HCL & 245,686 GAL SW W/200,900# 40/70 & 4,000# 20/40 SB EXCEL. FRAC CD W/205,403 GAL SW W/150,680# 40/70 & 4,000# 20/40 SB EXCEL.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/26/2010 Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: 111 Mcf Gas: 340 Bbls H2O: 0 GOR: 3063

Test Method: FLOWING Casing PSI: 550 Tubing PSI: Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1264 API Gravity Oil: 51

Tubing Size: Tubing Setting Depth: Tbg setting date: 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: 6/9/2010 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: 10/12/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2555551	FORM 5A SUBMITTED	LF@2506075 2555551

Total Attach: 1 Files