

**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

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.

Document Number:

2555543

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 05-123-27033-00 6. County: WELD
7. Well Name: WIEDEMAN Well Number: 24-20
8. Location: QtrQtr: NWSE Section: 20 Township: 5N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

| | |
|--|--|
| FORMATION: <u>NIOBRARA-CODELL</u> | Status: <u>PRODUCING</u> |
| Treatment Date: <u>03/31/2010</u> | Date of First Production this formation: <u>05/20/2010</u> |
| Perforations Top: <u>7190</u> Bottom: <u>7506</u> | No. Holes: <u>154</u> Hole size: <u>40/100</u> |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| NB PERF 7190-7387 HOLES 90 SIZE 0.51 CD PERF 7490-7506 HOLES 64 SIZE 0.40 FRAC NB W/924 GAL 15% HCL & 236,712 GAL SW W/200,440# 40/70 & 4,000# 20/40 SB EXCEL 3/19/2010: FRAC CD W/205,271 GAL SW W/150,080# 40/70 & 4,000# 20/40 SUPERLC. | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | |
| Date: <u>06/01/2010</u> Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ | |
| Calculated 24 hour rate: _____ Bbls oil: <u>84</u> Mcf Gas: <u>334</u> Bbls H2O: <u>0</u> GOR: <u>3976</u> | |
| Test Method: <u>FLOWING</u> Casing PSI: <u>1875</u> Tubing PSI: _____ Choke Size: <u>12/64</u> | |
| Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1260</u> API Gravity Oil: <u>55</u> | |
| Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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 VUETitle: 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 |
|-------------|-------------------|----------------------|
| 2555543 | FORM 5A SUBMITTED | LF @ 2506086 2555543 |

Total Attach: 1 Files