

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

COMPLETED INTERVAL REPORT

Document Number:

2555231

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 05-123-27275-00 6. County: WELD
 7. Well Name: PLATTE Well Number: 5-35
 8. Location: QtrQtr: SENE Section: 34 Township: 4N Range: 67W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
 Treatment Date: 10/04/2007 Date of First Production this formation: 10/18/2007
 Perforations Top: 6996 Bottom: 7300 No. Holes: 128 Hole size: 38/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
NBRR PERF 6996-7160 HOLES 68 SIZE 0.42; CODL PERF 7280-7300 HOLES 60 SIZE 0.38.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 12/05/2007 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
 Calculated 24 hour rate: _____ Bbls oil: 24 Mcf Gas: 88 Bbls H2O: 0 GOR: 3667
 Test Method: FLOWING Casing PSI: 650 Tubing PSI: 0 Choke Size: 28/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1264 API Gravity Oil: 53
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7242 Tbg setting date: 11/01/2007 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 Date: 4/15/2010 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
2555231	FORM 5A SUBMITTED	LF@2503147 2555231

Total Attach: 1 Files