

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:
1688506

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 05-123-30773-00
6. County: WELD
7. Well Name: DERR Well Number: 24-4
8. Location: QtrQtr: SENE Section: 4 Township: 5N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/10/2010 Date of First Production this formation: 05/26/2010

Perforations Top: 6878 Bottom: 7180 No. Holes: 126 Hole size: 38/100

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

NBRR PERF 6878-7080 HOLES 62 SIZE 0.47. CODL PERF 7146-7180 HOLES 64 SIZE 0.38. FRAC NBRR W/500 GAL 15% HC1 & 253,761 GAL SW & 201,420# 40/70 SAND & 4,000# SB EXCEL. FRAC CODL W/213,461 GAL SW & 150,080# 40/70 SAND & 4,120# SB EXCEL.

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/07/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 30 Mcf Gas: 116 Bbls H2O: 0 GOR: 3867

Test Method: FLOWING Casing PSI: 800 Tubing PSI: _____ Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1260 API Gravity Oil: 50

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: 6/18/2010 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: 10/14/2010

Attachment Check List

Att Doc Num	Name	Doc Description
1688506	FORM 5 SUBMITTED	LF@2510051 1688506

Total Attach: 1 Files