

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

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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
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 05-123-28069-00
6. County: WELD
7. Well Name: WILLIAMS
Well Number: 13-20
8. Location: QtrQtr: NENW Section: 29 Township: 2N Range: 68W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: J SAND Status: PRODUCING
Treatment Date: 08/19/2010 Date of First Production this formation: 09/24/2010
Perforations Top: 8262 Bottom: 8282 No. Holes: 60 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole:
Frac JSND w/ 164,430 gal SW & 159,760# 40/70 sand & 4,000# SB Excel.
This formation is commingled with another formation: Yes No
Test Information:
Date: 10/12/2010 Hours: 24 Bbls oil: 62 Mcf Gas: 89 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 62 Mcf Gas: 89 Bbls H2O: 0 GOR: 1435
Test Method: FLOWING Casing PSI: 898 Tubing PSI: 231 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1268 API Gravity Oil: 50
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8231 Tbg setting date: 09/17/2010 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:

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/24/2010 Date of First Production this formation: 08/18/2009

Perforations Top: 7516 Bottom: 7831 No. Holes: 126 Hole size: 0.42

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

NBRR Perf 7516-7698 Holes 66 Size 0.42 CODL Perf 7811-7831 Holes 60 Size 0.42
No additional treatment.

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/12/2010 Hours: 24 Bbls oil: 2 Mcf Gas: 31 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 31 Bbls H2O: 0 GOR: 15500

Test Method: FLOWING Casing PSI: 898 Tubing PSI: 231 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1268 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8231 Tbg setting date: 09/17/2010 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: _____ 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: _____ Director of COGCC Date: _____