

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

Document Number:

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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 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 05-123-30906-00 6. County: WELD
7. Well Name: STATE Well Number: 13-18
8. Location: QtrQtr: SWSW Section: 18 Township: 3N Range: 62W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: DAKOTA Status: TEMPORARILY ABANDONED

Treatment Date: 08/18/2010 Date of First Production this formation: _____
Perforations Top: 7260 Bottom: 7276 No. Holes: 64 Hole size: 0.42

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

Frac DKTA w/ 9,962 gal Vistar & 48,080# 20/40 sand & 8,640# SB Excel.
Set CIBP @ 7190' w/ 2 sacks of cement for mechanical integrity.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____
DKTA perf'd and frac'd but never produced; formation not productive.

Date formation Abandoned: 08/18/2010 Squeeze: Yes No If yes, number of sacks cmt _____
Bridge Plug Depth: 7190 Sacks cement on top: 2

FORMATION: J SAND Status: PRODUCING

Treatment Date: 09/01/2010 Date of First Production this formation: 09/27/2010

Perforations Top: 6970 Bottom: 7002 No. Holes: 56 Hole size: 0.38

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

Frac JSND w/ 480 bbl Vistar 70 Quality N2 & 85,000# 20/40 sand & 4,000# 20/40 SB Excel.

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/12/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 15 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 15 Bbls H2O: 0 GOR:

Test Method: FLOWING Casing PSI: 1050 Tubing PSI: 1050 Choke Size:

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1304 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6944 Tbg setting date: 09/15/2010 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: