

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:
1688490

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 05-123-30632-00
6. County: WELD
7. Well Name: MILLER Well Number: 21-29
8. Location: QtrQtr: NWNE Section: 29 Township: 3N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 05/17/2010 Date of First Production this formation: 06/07/2010
Perforations Top: 7256 Bottom: 7538 No. Holes: 126 Hole size: 38/100
Provide a brief summary of the formation treatment: _____ Open Hole:
NBRR PERF 7256-7400 HOLES 62 SIZE 0.47. CODL PERF 7522-7538 HOLES 64 SIZE 0.38. FRAC NBRR W/500 GAL 15% HC1 & 247,934 GAL SW & 200,780# 40/70 SAND & 4,240# SB EXCEL. FRAC CODL W/202,037 GAL SW & 151,080# 40/70 SAND & 4,060# SB EXCEL.
This formation is commingled with another formation: Yes No
Test Information:
Date: 06/16/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____ Bbls oil: 66 Mcf Gas: 255 Bbls H2O: 0 GOR: 3864
Test Method: FLOWING Casing PSI: 3000 Tubing PSI: _____ Choke Size: 10/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1353 API Gravity Oil: 52
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: 10/20/2010

Attachment Check List

Att Doc Num	Name	Doc Description
1688490	FORM 5A SUBMITTED	LF@2510067 1688490

Total Attach: 1 Files