

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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Document Number:

2556715

**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 05-123-30643-00 6. County: WELD  
7. Well Name: HOMESTEAD Well Number: 29-4  
8. Location: QtrQtr: NWNW Section: 4 Township: 2N Range: 67W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>04/23/2010</u>	Date of First Production this formation: <u>05/06/2010</u>
Perforations Top: <u>7224</u> Bottom: <u>7498</u>	No. Holes: <u>142</u> Hole size: <u>40/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
NB PERF 7224-7360 HOLES SIZE 0.42 CD PERF 7478-7498 HOLES 60 SIZE 0.40 FRAC NB W/500 GAL 15% HCL & 256,704 GAL SW W/208,180# 30/50 & 8,000# 20/40 SB EXCEL. FRAC CD W/208,194 GAL SW W/135,241# 30/50Q	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>05/17/2010</u> Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate:	Bbls oil: <u>13</u> Mcf Gas: <u>110</u> Bbls H2O: <u>0</u> GOR: <u>8462</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>500</u> Tubing PSI: _____ Choke Size: <u>28/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1270</u> API Gravity Oil: <u>46</u>
Tubing Size: _____	Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 5/19/2010 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
2556715	FORM 5A SUBMITTED	LF@2515199 2556715

Total Attach: 1 Files