

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:
2556719

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 05-123-30936-00 6. County: WELD
7. Well Name: STATE Well Number: 7-16
8. Location: QtrQtr: NENW Section: 16 Township: 1N Range: 68W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 06/01/2010 Date of First Production this formation: 06/28/2010

Perforations Top: 7848 Bottom: 8252 No. Holes: 128 Hole size: 40/100

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

NBRR PERF 7848-8100 HOLES 68 SIZE 0.42 CODL PERF 8232-8252 HOLES 60 SIZE 0.40 FRAC NBRR W/500 GAL 15% HCL & 245,536 GAL SW & 200,080# 40/70 SAND & 4,000# SB EXCEL. FRAC CODL W/200,634 GAL SW & 151,240# 40/70 SAND & 4,000# SB EXCEL.

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/03/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 3 Mcf Gas: 15 Bbls H2O: 0 GOR: 5000

Test Method: FLOWING Casing PSI: 1650 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1313 API Gravity Oil: 49

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: 7/7/2010 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
2556719	FORM 5A SUBMITTED	LF@2515195 2556719

Total Attach: 1 Files