

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:  
2509293

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 05-123-30946-00  
6. County: WELD  
7. Well Name: STATE Well Number: 26-16  
8. Location: QtrQtr: NENW Section: 16 Township: 1N Range: 68W Meridian: 6  
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/15/2010 Date of First Production this formation: 06/28/2010

Perforations Top: 8098 Bottom: 8496 No. Holes: 122 Hole size: 42/100

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

NBRR PERF 8098-8346 HOLES 62 SIZE 0.42 CODL PERF 8476-8496 HOLES 60 SIZE 0.42 FRAC NBRR W/500 GAL 15% HCL & 251,809 GAL SW & 200,020# 40/70 SAND & 4,000# SB EXCEL. FRAC CODL W/202,176 GAL SW & 150,040# 40/70 SAND & 4,000 SB EXCEL.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 07/01/2010 Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: 82 Mcf Gas: 196 Bbls H2O: 0 GOR: 2390

Test Method: FLOWING Casing PSI: 1250 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: 10/27/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2509293	FORM 5A SUBMITTED	LF@2515156 2509293

Total Attach: 1 Files