

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:
2556518

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 05-123-30925-00 6. County: WELD
7. Well Name: HUNT Well Number: 21-5
8. Location: QtrQtr: NENE Section: 5 Township: 3N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 03/29/2010 Date of First Production this formation: 05/20/2010

Perforations Top: 8150 Bottom: 8198 No. Holes: 64 Hole size: 41/100

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

FRAC W/161,742 GAL SW W/115,460# 40/70 & 4,000# 20/40 SB EXCEL.

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/30/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 111 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 111 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 2250 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1199 API Gravity Oil: 61

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: _____

FORMATION: NAVAJO Status: PRODUCING

Treatment Date: 04/02/2010 Date of First Production this formation: 05/20/2010

Perforations Top: 7413 Bottom: 7702 No. Holes: 126 Hole size: 40/100

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

NB PERF 7413-7568 HOLES 62 SIZE 0.42. CD PERF 7686-7702 HOLES 64 SIZE 0.40. FRAC NB W/500 GAL 15% HC1 & 255,337 GAL SW W/200,480# 40/70 & 4,000# 20/40 SB EXCEL. FRAC CD W/210,478 GAL SW W/151,220# 40/70 & 4,000# 20/40 SB EXCEL.

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/30/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 111 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 111 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 2250 Tubing PSI: _____ Choke Size: 12/64

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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: 7/1/2010 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: 10/28/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2556518	FORM 5A SUBMITTED	LF@2513233 2556518

Total Attach: 1 Files