

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:

2509102

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) 9296832
 3. Address: P O BOX 173779 Fax: (720) 9297832
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-31134-00 6. County: WELD
 7. Well Name: CURTIS Well Number: 23-25
 8. Location: QtrQtr: SWSE Section: 25 Township: 5N Range: 66W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/28/2010 Date of First Production this formation: 06/23/2010

Perforations Top: 6946 Bottom: 7271 No. Holes: 118 Hole size: 38/100

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

NB PERF 6946-7160 HOLES 62 SIZE 0.42. CD PERF 7257-7271 HOLES 56 SIZE 0.38. FRAC NB W/ 500 GAL 15% HCL AND 245574 GAL SW W/ 200250# 40/70 AND 4000# SB EXCEL. FRAC CD W/ 200991 GAL SW W/ 150000# 40/70 AND 4000# 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: 34 Mcf Gas: 442 Bbls H2O: 0 GOR: 13000

Test Method: FLOWING Casing PSI: 950 Tubing PSI: _____ Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1225 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: _____

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: 10/28/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2509102	FORM 5A SUBMITTED	LF@2514658 2509102

Total Attach: 1 Files