

**FORM
5A**Rev
02/08State 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

Document Number:

2509114

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

5. API Number 05-123-31479-00 6. County: WELD
7. Well Name: SALAZAR Well Number: 22-20
8. Location: QtrQtr: SENW Section: 20 Township: 3N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed IntervalFORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/25/2010 Date of First Production this formation: 06/16/2010
Perforations Top: 7072 Bottom: 7342 No. Holes: 118 Hole size: 38/100

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

NB PERF 7072-7178 HOLES 64 SIZE 0.47. CD PERF 7324-7342 HOLES 54 SIZE 0.38. FRAC NB W/ 500 GAL 15% HCL AND 242848 GAL SW W/ 200720# 30/50 AND 4000# 20/40 SB EXCEL. FRAC CD W/ 130200 GAL PHASER W/ 220040# 30/50 AND 4000# 20/40 SB EXCEL.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 06/27/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____ Bbls oil: 51 Mcf Gas: 262 Bbls H2O: 0 GOR: 5137
Test Method: FLOWING Casing PSI: 800 Tubing PSI: _____ Choke Size: 10/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1186 API Gravity Oil: 46
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 VUETitle: 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
2509114	FORM 5A SUBMITTED	LF@2514646 2509114

Total Attach: 1 Files