

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:  
2556703

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 05-123-30942-00  
6. County: WELD  
7. Well Name: STATE Well Number: 2-16  
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: 06/08/2010 Date of First Production this formation: 06/28/2010

Perforations Top: 7596 Bottom: 7992 No. Holes: 120 Hole size: 42/100

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

NBRR PERF 7596-7850 HOLES 60 SIZE 0.42 CODL PERF 7972-7992 HOLES 60 SIZE 0.42 FRAC NBRR W/500 GAL 15% HCL & 244,612 GAL SW & 200,720# 40/70 SAND & 4,000# SB EXCEL. FRAC CODL W/203,532 GAL SW & 150,400# 40/70 SAND & 4,000# SB EXCEL.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 07/02/2010 Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: 69 Mcf Gas: 79 Bbls H2O: 0 GOR: 1145

Test Method: FLOWING Casing PSI: 1450 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: REGUALTORY 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: 10/29/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2556703	FORM 5A SUBMITTED	LF@2515211 2556703

Total Attach: 1 Files