

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

Document Number:

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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) 929-6832
 3. Address: P O BOX 173779 Fax: (720) 929-7832
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-24498-00 6. County: WELD
 7. Well Name: WELD Well Number: 7-2
 8. Location: QtrQtr: NWNE Section: 2 Township: 2N Range: 68W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J SAND Status: PRODUCING
 Treatment Date: 10/06/2010 Date of First Production this formation: 10/25/2010
 Perforations Top: 7891 Bottom: 7909 No. Holes: 54 Hole size: 0.38
 Provide a brief summary of the formation treatment: _____ Open Hole:
Frac JSND w/ 164,842 gal SW & 115,080# 40/70 sand & 4,000# SB Excel.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 10/29/2010 Hours: 24 Bbls oil: 2 Mcf Gas: 80 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 80 Bbls H2O: 0 GOR: 40000
 Test Method: FLOWING Casing PSI: 1528 Tubing PSI: 1055 Choke Size: 26/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1206 API Gravity Oil: 51
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7874 Tbg setting date: 10/12/2010 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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/25/2010 Date of First Production this formation: 04/14/2010

Perforations Top: 7216 Bottom: 7462 No. Holes: 148 Hole size: 0.42

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

NBRR Perf 7216-7362 Holes 68 Size 0.42 CODL Perf 7442-7462 Holes 80 Size 0.42
No additional treatment.

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/29/2010 Hours: 24 Bbls oil: 3 Mcf Gas: 81 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 3 Mcf Gas: 81 Bbls H2O: 0 GOR: 27000

Test Method: FLOWING Casing PSI: 1528 Tubing PSI: 1055 Choke Size: 26/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1206 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7874 Tbg setting date: 10/12/2010 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: _____ 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: _____ Director of COGCC Date: _____