

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:

2554649

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 05-123-17925-00 6. County: WELD
 7. Well Name: PSC Well Number: 12-10A
 8. Location: QtrQtr: SWNW Section: 10 Township: 3N Range: 67W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 03/31/2010 Date of First Production this formation: 04/26/2010

Perforations Top: 7095 Bottom: 7113 No. Holes: 104 Hole size: 38/100

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

REPERF CODL 7095-7113 HOLES 36 SIZE 0.38. TRIFRAC CODL W/ 116840 GAL VISTAR AND 262080# 20/40 SAND AND 4120# 20/40 SB EXCEL.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

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

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/31/2010 Date of First Production this formation: 04/26/2010

Perforations Top: 6810 Bottom: 7113 No. Holes: 182 Hole size: 38/100

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

NBRR PERF 6810-6971 HOLES 78 SIZE 0.24. CODL PERF 7095-7113 HOLES 104 SIZE 0.38.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/15/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 28 Mcf Gas: 122 Bbls H2O: 0 GOR: 4357

Test Method: FLOWING Casing PSI: 824 Tubing PSI: 684 Choke Size: 0

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1387 API Gravity Oil: 53

Tubing Size: 2 + 1/16 Tubing Setting Depth: 7060 Tbg setting date: 04/13/2010 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 Status: COMMINGLED

Treatment Date: 03/31/2010 Date of First Production this formation: 04/26/2010

Perforations Top: 6810 Bottom: 6971 No. Holes: 78 Hole size: 24/100

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

FRAC NBRR W/ 496 GAL 15% HCL & 260106 GAL SW & 201000# 40/70 SAND & 4320# 20/40 SB EXCEL.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

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

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

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: REG ANALYST II Date: 5/19/2010 Email: CINDY.VUE@ANADARKOC.OM

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. Nashin Director of COGCC Date: 11/18/2010

Attachment Check List

Att Doc Num	Name
2554649	FORM 5A SUBMITTED

Total Attach: 1 Files