

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:
2505038

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 05-123-24431-00 6. County: WELD
 7. Well Name: BARCLAY Well Number: 24-27
 8. Location: QtrQtr: SWNE Section: 27 Township: 3N Range: 66W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 06/15/2010 Date of First Production this formation: 06/07/2007

Perforations Top: 7450 Bottom: 7466 No. Holes: 64 Hole size: 38/100

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

RELEASE RBP 06/15/2010 TO COMMINGLE WITH NB PRODUCTION.

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: 06/15/2010 Date of First Production this formation: 06/22/2010

Perforations Top: 7181 Bottom: 7466 No. Holes: 128 Hole size: 38/100

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

RELEASED RBP OVER CD TO COMMINGLE NB/CD PRODUCTION.

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/11/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 131 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 131 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 830 Tubing PSI: 400 Choke Size: 26/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1249 API Gravity Oil: 56

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7434 Tbg setting date: 06/15/2010 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: 06/22/2010 Date of First Production this formation: 04/16/2010

Perforations Top: 7181 Bottom: 7336 No. Holes: 64 Hole size: 38/100

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

NO ADDITIONAL TREATMENT. COMMINGLED WITH CD PRODUCTION 06/22/2010.

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: REGULATORY Date: 7/13/2010 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. Nashin Director of COGCC Date: 11/18/2010

Attachment Check List

Att Doc Num	Name
2505038	FORM 5A SUBMITTED

Total Attach: 1 Files