

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:
2554645

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 05-123-26594-00 6. County: WELD
7. Well Name: MCGLOTHLIN Well Number: 18-6
8. Location: QtrQtr: SENW Section: 6 Township: 3N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 04/09/2010 Date of First Production this formation: 04/27/2010

Perforations Top: 7736 Bottom: 7776 No. Holes: 68 Hole size: 40/100

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

FRAC JSND W/162,838 GAL SW & 115,500# 40/70 SAND & 4,200# 20/40 SB EXCEL.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/07/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0

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

Test Method: FLOWING Casing PSI: 1033 Tubing PSI: 909 Choke Size: 26/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1282 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7712 Tbg setting date: 04/19/2010 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: 04/09/2010 Date of First Production this formation: 07/23/2008

Perforations Top: 6984 Bottom: 7272 No. Holes: 176 Hole size: 38/100

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

NBRR PERF 6984-7150 HOLES 116 SIZE 0.42 CODL PERF 7277-7292 HOLES 60 SIZE 0.38 NO ADDITIONAL TREATMENT.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/07/2010 Hours: 24 Bbls oil: 10 Mcf Gas: 390 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 10 Mcf Gas: 390 Bbls H2O: 0 GOR: 39000

Test Method: FLOWING Casing PSI: 1033 Tubing PSI: 909 Choke Size: 26/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1282 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7712 Tbg setting date: 04/19/2010 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: 5/20/2010 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: 11/18/2010

Attachment Check List

Att Doc Num	Name
2554645	FORM 5A SUBMITTED

Total Attach: 1 Files