

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

COMPLETED INTERVAL REPORT

Document Number:

400110684

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 05-123-24184-00
6. County: WELD
7. Well Name: RAY Well Number: 36-32
8. Location: QtrQtr: SWSE Section: 32 Township: 4N Range: 65W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 10/11/2010 Date of First Production this formation: 11/15/2010
Perforations Top: 7044 Bottom: 7340 No. Holes: 166 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole:
NBRR Perf 7044-7210 Holes 110 Size 0.42 CODL Perf 7326-7340 Holes 56 Size 0.38
Refrac NBRR w/ 252 gal 15% HCl & 229,954 gal SW & 201,480# 40/70 sand & 4,280# 20/40 SB Excel.
Refrac CODL w/ 165,858 gal SW & 115,960# 40/70 sand & 4,040# 20/40 SB Excel.
This formation is commingled with another formation: Yes No
Test Information:
Date: 11/18/2010 Hours: 24 Bbls oil: 1 Mcf Gas: 399 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 399 Bbls H2O: 0 GOR: 39900
Test Method: FLOWING Casing PSI: 1800 Tubing PSI: Choke Size: 10/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1217 API Gravity Oil: 40
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 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: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)