

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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COMPLETED INTERVAL REPORT

Document Number:

400110747

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 05-123-21108-00
6. County: WELD
7. Well Name: VANCE
Well Number: 13-36A
8. Location: QtrQtr: SWSW Section: 36 Township: 3N Range: 67W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: COMMINGLED
Treatment Date: 11/10/2010 Date of First Production this formation: 11/12/2010
Perforations Top: 7340 Bottom: 7360 No. Holes: 76 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole:
Reperf CODL 7341-7357 Holes 16 Size 0.38.
Refrac CODL w/ 198,618 gal SW & 150,160# 40/70 sand & 4,000# SB Excel.
This formation is commingled with another formation: [X] 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: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 10/19/2010 Date of First Production this formation: 02/19/2003

Perforations Top: 7776 Bottom: 7836 No. Holes: 48 Hole size: 0.38

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

Set sand plug @ 7540'.

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: _____

JSND temporarily abandoned for CODL refrac/NBRR recomplete.

Date formation Abandoned: 10/19/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7540 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/10/2010 Date of First Production this formation: 11/12/2010

Perforations Top: 7126 Bottom: 7360 No. Holes: 138 Hole size: 0.38

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

NBRR Perf 7126-7220 Holes 62 Size 0.47 CODL Perf 7340-7360 Holes 76 Size 0.38
Frac NBRR w/ 250 gal 15% HCl & 249,984 gal SW & 200,320# 40/70 sand & 4,000# SB Excel.

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/15/2010 Hours: 24 Bbls oil: 70 Mcf Gas: 281 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 70 Mcf Gas: 281 Bbls H2O: 0 GOR: 4014

Test Method: FLOWING Casing PSI: 1250 Tubing PSI: _____ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1273 API Gravity Oil: 52

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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)