

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:

2556288

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) 9296836
 3. Address: P O BOX 173779 Fax: (720) 9297832
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-16713-00 6. County: WELD
 7. Well Name: OSTER Well Number: 13-15
 8. Location: QtrQtr: NWSW Section: 15 Township: 4N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
 Treatment Date: 03/15/2010 Date of First Production this formation: 06/09/2010
 Perforations Top: 6852 Bottom: 7155 No. Holes: 88 Hole size: 31/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
 NBRR PEF 6852-7038 HOLES 79 SIZE 0.38. CODL PERF 7146-7155 HOLES 9 SIZE 0.31. REPERF NBRR 6852-7038 HOLES 66 SIZE 0.38. REFRAC NBRR W/ 500 GAL 15% HCL AND 244956 GAL SW AND 200020# 30/50 SAND AND 4000# SUPER LC.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 06/23/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
 Calculated 24 hour rate: _____ Bbls oil: 6 Mcf Gas: 84 Bbls H2O: 0 GOR: 14000
 Test Method: FLOWING Casing PSI: 759 Tubing PSI: 578 Choke Size: 26/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1249 API Gravity Oil: 62
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7106 Tbg setting date: 03/24/2010 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: 6/25/2010 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: 11/24/2010

Attachment Check List

Att Doc Num	Name
2556288	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)