

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:

2556480

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) 9296836
Fax: (720) 9297832

5. API Number 05-123-12754-00
6. County: WELD
7. Well Name: KEATON Well Number: 8-26
8. Location: QtrQtr: SENE Section: 26 Township: 5N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/31/2010 Date of First Production this formation: 06/10/2010

Perforations Top: 6668 Bottom: 6993 No. Holes: 108 Hole size: 38/100

Provide a brief summary of the formation treatment: Open Hole: [ ]

NBRR PERF 6668-6872 HOLES 63 SIZE 0.42. CODL PERF 6980-6993 HOLES 45 SIZE 0.38. REPERF NBRR 6668-6872 HOLES 54 SIZE 0.42. REFRAC NBRR W/ 508 GAL 15% HCL AND 246536 GAL SW AND 201100# 40/70 SAND AND 4000# 20/40 SB EXCEL.

This formation is commingled with another formation: [ ] Yes [X] No

Test Information:

Date: 06/21/2010 Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: 13 Mcf Gas: 117 Bbls H2O: 0 GOR: 9000

Test Method: FLOWING Casing PSI: 745 Tubing PSI: 656 Choke Size: 26/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1332 API Gravity Oil: 62

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6946 Tbg setting date: 04/07/2010 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: 6/28/2010 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
2556480	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)