

**FORM  
5A**Rev  
02/08State 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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Document Number:

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**COMPLETED INTERVAL REPORT**

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) 9296832  
3. Address: P O BOX 173779 Fax: (720) 9297832  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-23668-00 6. County: WELD  
7. Well Name: SARCHET Well Number: 23-22  
8. Location: QtrQtr: NESW Section: 22 Township: 3N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

|   |   |
|---|---|
| FORMATION: <u>NIOBRARA-CODELL</u>   | Status: <u>PRODUCING</u>  |
| Treatment Date: <u>06/14/2010</u>   | Date of First Production this formation: <u>05/10/2006</u>                  |
| Perforations Top: <u>7202</u> Bottom: <u>7499</u>   | No. Holes: <u>185</u> Hole size: <u>38/100</u>                              |
| Provide a brief summary of the formation treatment:   | Open Hole: <input type="checkbox"/>   |
| <u>NBRR PERF 7202-7356 HOLES 134 SIZE 0.42. CODL PERF 7482-7499 SHOLES 51 SIZE 0.38. REFRAC NB-CD W/ 500 GAL 15% HCL AND 450715 GAL SW AND 342700# 40/70 SAND AND 8000# SB EXCEL.</u> |   |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |
| <b>Test Information:</b>  |   |
| Date: <u>06/28/2010</u> Hours: _____  | Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____                              |
| Calculated 24 hour rate:  | Bbls oil: <u>34</u> Mcf Gas: <u>288</u> Bbls H2O: <u>0</u> GOR: <u>8471</u> |
| Test Method: <u>FLOWING</u>   | Casing PSI: <u>1200</u> Tubing PSI: _____ Choke Size: <u>30/64</u>          |
| Gas Disposition: <u>SOLD</u>  | Gas Type: <u>WET</u> BTU Gas: <u>1241</u> API Gravity Oil: <u>56</u>        |
| Tubing Size: _____  | Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____     |
| Reason for Non-Production: _____  |   |
| Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 7/2/2010 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: 12/1/2010

**Attachment Check List**

| Att Doc Num | Name |
|-------------|------|
|             |      |

Total Attach: 0 Files

**General Comments**

| User Group | Comment | Comment Date |
|------------|---------|--------------|
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Total: 0 comment(s)