

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:
2509202

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) 929-6832
3. Address: P O BOX 173779 Fax: (720) 929-7832
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-16580-00 6. County: WELD
7. Well Name: BLUFFS WHITE W Well Number: 5-8
8. Location: QtrQtr: SENE Section: 5 Township: 2N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING
Treatment Date: 05/19/2010 Date of First Production this formation: 06/21/2010
Perforations Top: 7396 Bottom: 7406 No. Holes: 80 Hole size: 32/100
Provide a brief summary of the formation treatment: Open Hole:
REMOVE SAND PLUG TO COMMINGLE CODL W/SUSX.
This formation is commingled with another formation: Yes No
Test Information:
Date: 07/01/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: Bbls oil: 6 Mcf Gas: 5 Bbls H2O: 0 GOR: 833
Test Method: FLOWING Casing PSI: 570 Tubing PSI: 581 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1177 API Gravity Oil: 50
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7362 Tbg setting date: 05/20/2010 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: _____

FORMATION: SUSSEX Status: PRODUCING

Treatment Date: 05/19/2010 Date of First Production this formation: 12/09/2008

Perforations Top: 4648 Bottom: 4670 No. Holes: 66 Hole size: 42/100

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

NO ADDITIONAL TREATMENT.

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/01/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 6 Mcf Gas: 5 Bbls H2O: 0 GOR: 833

Test Method: FLOWING Casing PSI: 570 Tubing PSI: 581 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1177 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7362 Tbg setting date: 05/20/2010 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: 7/8/2010 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

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

Total: 0 comment(s)