

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:  
2511631

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: KENNY TRUEAX  
Phone: (720) 929-6383  
Fax: (720) 929-7383

5. API Number 05-123-30981-00  
6. County: WELD  
7. Well Name: NORTHGLENN STATE Well Number: 8-36  
8. Location: QtrQtr: NWNE Section: 36 Township: 1N Range: 68W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING  
Treatment Date: 07/19/2010 Date of First Production this formation: 08/05/2010  
Perforations Top: 7626 Bottom: 8066 No. Holes: 134 Hole size: 38/100  
Provide a brief summary of the formation treatment: Open Hole:   
NB PERF 7626-7906 HOLES 80 SIZE 0.42 CD PERF 8048-8066 HOLES 54 0.38 FRAC NB C243,201 GAL SW 247 GAL 15% HCL, 200,200# 40/70 SAND, 4,000# SB SAND FRAC CD W/204,206 GAL SW, 150,080# 40/70 SAND, 4,000# SB SAND  
This formation is commingled with another formation:  Yes  No  
**Test Information:**  
Date: 08/10/2010 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_  
Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 2 Bbls H2O: 0 GOR: 1000  
Test Method: FLOWING Casing PSI: 1500 Tubing PSI: \_\_\_\_\_ Choke Size: 10/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1204 API Gravity Oil: 47  
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: KENNY TRUEAX  
Title: REGULATORY ANALYST II Date: 8/11/2010 Email KENNY.TRUEAX@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

Total: 0 comment(s)