

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:
2511785

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) 9296383
Fax: (720) 9297383

5. API Number 05-123-30980-00
6. County: WELD
7. Well Name: NORTHGLENN STATE Well Number: 1-36
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: 07/06/2010 Date of First Production this formation: 08/06/2010

Perforations Top: 7572 Bottom: 7994 No. Holes: 120 Hole size: 42/100

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

NB PERF 7572-7844 HOLE 66 SIZE 0.42 CD PERF 7976-7994 HOLE 54 SIZE 0.42
FRAC NB 238,268 GAL SW, 250 GAL HC1 200,120# 40/70 SAND, 4000# SB SAND.
FRAC CD 203, 910 GAL SW, 150,040# 40/70 SAND, 4000# SB SAND.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/11/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: Bbls oil: 12 Mcf Gas: 63 Bbls H2O: 0 GOR: 5250

Test Method: FLOWING Casing PSI: 1250 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: 8/12/2010 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

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

Total: 0 comment(s)