

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:
2510646

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) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-24030-00
6. County: WELD
7. Well Name: SHUR VIEW Well Number: 18-3
8. Location: QtrQtr: NWNW Section: 3 Township: 5N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED
Treatment Date: 06/28/2010 Date of First Production this formation: 09/07/2006
Perforations Top: 7134 Bottom: 7156 No. Holes: 66 Hole size: 38/100
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: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/16/2010 Date of First Production this formation: 06/28/2010

Perforations Top: 6826 Bottom: 7156 No. Holes: 138 Hole size: 38/100

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

NBRR PERF 6826-7020 HOLES 72 SIZE 0.42 CODL PERF 7134-7156 HOLES 66 SIZE 0.38

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/09/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 33 Mcf Gas: 38 Bbls H2O: 0 GOR: 1152

Test Method: FLOWING Casing PSI: 1800 Tubing PSI: 500 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1292 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7098 Tbg setting date: 06/21/2010 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: NIOBRARA Status: COMMINGLED

Treatment Date: 06/16/2010 Date of First Production this formation: 06/28/2010

Perforations Top: 6826 Bottom: 7020 No. Holes: 72 Hole size: 42/100

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

FRAC NBRR W/500 GAL 15% HCL & 251,648 GLA SW & 219,280# 40/70 SAND & 4,000# SB EXCEL.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

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: CINDY VUE

Title: REGUALTORY ANALYST II Date: 7/15/2010 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. Nashin Director of COGCC Date: 12/3/2010

Attachment Check List

Att Doc Num	Name
2510646	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)