

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:
2565474

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 05-123-30877-00
6. County: WELD
7. Well Name: WITTEMYER Well Number: 41-2
8. Location: QtrQtr: SENE Section: 2 Township: 2N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: 07/26/2010

Perforations Top: 7282 Bottom: 7514 No. Holes: 132 Hole size: 38/100

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

NB PERF 7282-7370 HOLES 72 SIZE 0.38. CD PERF 7494-7514 HOLES 60 SIZE 0.38. FRAC NB W/250 GALS 15% HC1 & 251,028 GAL SW W/200,440# 40/70, 4000# SUPERLC. FRAC CD W/201,818 GAL SW W/150,040# 40/70, 4000# SUPERLC.

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/31/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 44 Mcf Gas: 112 Bbls H2O: 0 GOR: 2545

Test Method: FLOWING Casing PSI: 1750 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1190 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 Date: 8/4/2010 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: 12/3/2010

Attachment Check List

Att Doc Num	Name
2565474	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)