

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:
2512993

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 05-123-11627-00
6. County: WELD
7. Well Name: UPRR 38 PAN AM "T" TRUE Well Number: 1
8. Location: QtrQtr: NWSW Section: 29 Township: 2N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 06/08/2010 Date of First Production this formation: 03/07/1984

Perforations Top: 7764 Bottom: 7808 No. Holes: 176 Hole size: 38/100

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

SET SAND PLUG @ 7400'.

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:

JSND TEMPORARILY ABANDONED FOR NB-CD RECOMPLETE.

Date formation Abandoned: 06/08/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7400 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/25/2010 Date of First Production this formation: 06/30/2010

Perforations Top: 7014 Bottom: 7326 No. Holes: 100 Hole size: 38/100

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

NBRR PERF 7014-7183 HOLES 52 SIZE 0.42. CODL PERF 7314-7326 HOLES 48 SIZE 0.38. FRAC NBRR W/252 GAL 15% HC1 & 169,680 GAL DYNAFLOW 2 & 250,300# 20/40 SAND & 4,000# SUPERLC. FRAC CODL W/164,094 GAL DYNAFLOW & 115,020# 40/70 & 4,000# SUPERLC.

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/14/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 57 Mcf Gas: 220 Bbls H2O: 0 GOR: 3860

Test Method: FLOWING Casing PSI: 2400 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1212 API Gravity Oil: 48

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: REGULATORY ANALYST II Date: 7/16/2010 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: 12/7/2010

Attachment Check List

Att Doc Num	Name
2512993	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)