

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:
2511587

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) 9296832
Fax: (720) 9297832

5. API Number 05-123-23470-00
6. County: WELD
7. Well Name: ANDREWS
Well Number: 8-13
8. Location: QtrQtr: SENE Section: 13 Township: 2N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED
Treatment Date: 07/12/2010 Date of First Production this formation: 07/28/2010
Perforations Top: 7450 Bottom: 7468 No. Holes: 66 Hole size: 38/100
Provide a brief summary of the formation treatment: Open Hole:
REPERF CODL 7450-7468 HOLES 18 SIZE 0.38.
REFRAC CODL W/ 195,199 GAL SW & 150,880# 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: _____

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 07/01/2010 Date of First Production this formation: 05/30/2007

Perforations Top: 7902 Bottom: 7948 No. Holes: 80 Hole size: 45/100

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

SET SAND PLUG @7695.

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 CODL REFRAC/NBRR RECOMPLETE.

Date formation Abandoned: 07/01/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7695 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 07/13/2010 Date of First Production this formation: 07/28/2010

Perforations Top: 7274 Bottom: 7468 No. Holes: 128 Hole size: 38/100

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

NBRR PERF 7274-7362 HOLES 62 SIZE 0.42 CODL PERF 7450-7468 HOLES 66 SIZE 0.38

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/04/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 13 Mcf Gas: 121 Bbls H2O: 0 GOR: 9308

Test Method: FLOWING Casing PSI: 1435 Tubing PSI: 1095 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1143 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7415 Tbg setting date: 07/20/2010 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: 07/13/2010 Date of First Production this formation: 07/28/2010
Perforations Top: 7274 Bottom: 7362 No. Holes: 62 Hole size: 42/100

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

FRAC NBRR W/ 500 GAL 15% HC1 & 238,782 GAL SW & 200,440# 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: REGULATORY ANALAYSTII Date: 8/6/2010 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: 12/8/2010

Attachment Check List

Att Doc Num	Name
2511587	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)