

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:

2511589

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 4. Contact Name: CINDY VUE
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 9296832
 3. Address: P O BOX 173779 Fax: (720) 9297832
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-21522-00 6. County: WELD
 7. Well Name: FRICO Well Number: 6-14
 8. Location: QtrQtr: SWNE Section: 14 Township: 3N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 07/21/2010 Date of First Production this formation: _____

Perforations Top: 7905 Bottom: 7939 No. Holes: 72 Hole size: 38/100

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

DRILL OUT SAND PLUG @ 7715 TO COMMINGLE JSND W/ NB-CD.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/02/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 7 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 607 Tubing PSI: 387 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1278 API Gravity Oil: 60

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7880 Tbg setting date: 07/22/2010 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-CODELL Status: PRODUCING

Treatment Date: 07/28/2010 Date of First Production this formation: 10/18/2006

Perforations Top: 7168 Bottom: 7459 No. Holes: 188 Hole size: 38/100

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

NBRR PERF 7168-7320 HOLES 132 SIZE 0.42 CODL PERF 7445-7459 HOLES 56 SIZE 0.38
NO ADDITIONAL TREATMENT.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/02/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 5 Mcf Gas: 151 Bbls H2O: 0 GOR: 30200

Test Method: FLOWING Casing PSI: 607 Tubing PSI: 387 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1278 API Gravity Oil: 60

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7880 Tbg setting date: 07/22/2010 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: _____

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 ANALYSTII 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
2511589	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)