

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:

2512135

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) 929-6832
 3. Address: P O BOX 173779 Fax: (720) 929-7832
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-23024-00 6. County: WELD
 7. Well Name: WEISS Well Number: 11-33
 8. Location: QtrQtr: NESW Section: 33 Township: 3N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
 Treatment Date: 06/28/2010 Date of First Production this formation: 04/27/2009
 Perforations Top: 7150 Bottom: 7412 No. Holes: 196 Hole size: 38/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
 NBRR PERF 7150-7304 HOLES 136 SIZE 0.42. CODL PERF 7392-7412 HOLES 60 SIZE 0.38. REFRAC CODL W/261,870 GAL SW & 207,520# 40/70 SAND & 4,000# SB EXCEL. RETURNED WELL TO PRODUCTION 08/03/2010 AFTER CODL REFRAC.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 08/08/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
 Calculated 24 hour rate: _____ Bbls oil: 40 Mcf Gas: 269 Bbls H2O: 0 GOR: 6725
 Test Method: FLOWING Casing PSI: 526 Tubing PSI: _____ Choke Size: 12/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1324 API Gravity Oil: 50
 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 Date: 8/16/2010 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: 12/10/2010

Attachment Check List

Att Doc Num	Name
2512135	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)