

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:

400116789

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 05-123-31360-00 6. County: WELD
 7. Well Name: KERR-MCGEE Well Number: 33-3
 8. Location: QtrQtr: NWSW Section: 3 Township: 1N Range: 68W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 09/13/2010 Date of First Production this formation: 12/01/2010

Perforations Top: 8386 Bottom: 8406 No. Holes: 64 Hole size: 0.42

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

Frac J-Sand down 4-1/2" Csg w/ 150,528 gal Slickwater w/ 115,140# 40/70, 4,000# SB Excel

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/14/2010 Hours: 24 Bbls oil: 1 Mcf Gas: 2 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 2 Bbls H2O: 0 GOR: 2000

Test Method: FLOWING Casing PSI: 2550 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: _____ API Gravity Oil: 51

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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/04/2010 Date of First Production this formation: 12/01/2010

Perforations Top: 7724 Bottom: 7978 No. Holes: 126 Hole size: 0.42

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

NB Perf 7724-7832 Holes 66 Size 0.42 CD Perf 7958-7978 Holes 60 Size 0.42
10/4/2010-Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 121,034 gal Slickwater w/ 200,200# 40/70, 4,000# SB Excel
(incomplete job -plan to refrac Nio stage again)
10/7/2010-Frac Niobrara B & C down 4-1/2" Csg w/ 245,364 gal Slickwater w/ 200,250# 40/70, 4,000# SB Excel
10/4/2010-Frac Codell down 4-1/2" Csg w/ 209,883 gal Slickwater w/ 150,020# 40/70, 4,000# SB Excel

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/14/2010 Hours: 24 Bbls oil: 103 Mcf Gas: 154 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 103 Mcf Gas: 154 Bbls H2O: 0 GOR: 1495

Test Method: FLOWING Casing PSI: 2550 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: _____ API Gravity Oil: 51

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: _____ 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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)