

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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Document Number:

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COMPLETED INTERVAL REPORT

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 05-123-31363-00 6. County: WELD
7. Well Name: KERR-MCGEE Well Number: 22-3
8. Location: QtrQtr: NWSW Section: 3 Township: 1N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>09/13/2010</u>		Date of First Production this formation: <u>12/06/2010</u>	
Perforations	Top: <u>7348</u>	Bottom: <u>8362</u>	No. Holes: <u>56</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Frac J-Sand down 4-1/2" Csg w/ 143,934 gal Slickwater w/ 111,440# 40/70, 8,000# SB Excel</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>12/15/2010</u>	Hours: <u>24</u>	Bbls oil: <u>95</u>	Mcf Gas: <u>109</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>95</u>	Mcf Gas: <u>109</u> Bbls H2O: <u>0</u> GOR: <u>1147</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>2500</u>	Tubing PSI: <u></u>	Choke Size: <u>10/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u></u>	API Gravity Oil: <u>51</u>
Tubing Size: <u></u>	Tubing Setting Depth: <u></u>	Tbg setting date: <u></u>	Packer Depth: <u></u>
Reason for Non-Production: <u></u>			
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>			
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>			

FORMATION: NIOBRARA-CODELL		Status: PRODUCING			
Treatment Date: 10/01/2010		Date of First Production this formation: 12/06/2010			
Perforations	Top: 7676	Bottom: 7930	No. Holes: 132	Hole size: 0.42	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>			
NB Perf 7676-7788 Holes 60 Size 0.42 CD Perf 7906-7930 Holes 72 Size 0.42 Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 247,254 gal Slickwater w/ 200,820# 40/70, 4,000# SB Excel. Frac Codell down 4-1/2" Csg w/ 206,178 gal Slickwater w/ 150,740# 40/70, 4,000# SB Excel.					
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:					
Date: 12/15/2010	Hours: 24	Bbls oil: 0	Mcf Gas: 0	Bbls H2O: 0	
Calculated 24 hour rate:		Bbls oil: 0	Mcf Gas: 0	Bbls H2O: 0	GOR: 0
Test Method: FLOWING	Casing PSI: 2500	Tubing PSI:	Choke Size: 10/64		
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: <input type="checkbox"/> Yes <input type="checkbox"/> 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)