

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:

400090625

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) 929-6832  
Fax: (720) 929-7832

5. API Number 05-123-22107-00  
6. County: WELD  
7. Well Name: WALKER Well Number: 12-7  
8. Location: QtrQtr: NWSW Section: 7 Township: 2N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 08/03/2010 Date of First Production this formation: 08/18/2010

Perforations Top: 7148 Bottom: 7376 No. Holes: 153 Hole size: 38/100

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

NBRR Perf 7148-7234 Holes 73 Size 0.42 CODL Perf 7360-7376 Holes 80 Size 0.38  
Reperf CODL 7360-7376 Holes 48 Size 0.32  
Refrac CODL w/ 206,644 gal SW & 150,320# 30/50 sand & 4,000# SuperLC.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 09/14/2010 Hours: 24 Bbls oil: 6 Mcf Gas: 43 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 6 Mcf Gas: 43 Bbls H2O: 0 GOR: 7167

Test Method: FLOWING Casing PSI: 660 Tubing PSI: 298 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1206 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7337 Tbg setting date: 08/05/2010 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 Analyst II Date: 9/20/2010 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: 12/21/2010

**Attachment Check List**

Att Doc Num	Name
400090625	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)