

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:
400092280

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 05-001-09466-00
6. County: ADAMS
7. Well Name: CENTRICOM STATE
Well Number: 11-16
8. Location: QtrQtr: NESW Section: 16 Township: 1S Range: 67W Meridian: 6
9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: CODELL Status: PRODUCING
Treatment Date: 08/19/2010 Date of First Production this formation: 08/25/2010
Perforations Top: 8004 Bottom: 8022 No. Holes: 54 Hole size: 38/100
Provide a brief summary of the formation treatment: Open Hole:
Frac CODL w/ 177,702 gal SW & 150,800# 40/70 sand & 4,000# SB Excel.
This formation is commingled with another formation: Yes No
Test Information:
Date: 08/31/2010 Hours: 24 Bbls oil: 39 Mcf Gas: 18 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 39 Mcf Gas: 18 Bbls H2O: 0 GOR: 462
Test Method: FLOWING Casing PSI: 411 Tubing PSI: _____ Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1437 API Gravity Oil: 44
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7981 Tbg setting date: 09/08/2010 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: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 08/10/2010 Date of First Production this formation: 06/05/2003

Perforations Top: 8425 Bottom: 8457 No. Holes: 56 Hole size: 38/100

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

Set sand plug @ 8200'.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

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

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

JSND temporarily abandoned for CODL recomplete.

Date formation Abandoned: 08/10/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 8200 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: 9/13/2010 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: 12/22/2010

Attachment Check List

Att Doc Num	Name
400092280	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)