

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:

400089942

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 05-123-26917-00 6. County: WELD
7. Well Name: GRAY Well Number: 3-16
8. Location: QtrQtr: NENW Section: 16 Township: 4N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 08/04/2010 Date of First Production this formation: 08/17/2010

Perforations Top: 7660 Bottom: 7694 No. Holes: 78 Hole size: 38/100

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

Frac JSND w/ 145,908 gal SW & 115,000# 40/70 sand & 4,000# SB Excel.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/29/2010 Hours: 24 Bbls oil: 22 Mcf Gas: 139 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 22 Mcf Gas: 139 Bbls H2O: 0 GOR: 6318

Test Method: FLOWING Casing PSI: 776 Tubing PSI: 498 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1354 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7635 Tbg setting date: 08/10/2010 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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/17/2010 Date of First Production this formation: 01/19/2009

Perforations Top: 6896 Bottom: 7223 No. Holes: 108 Hole size: 38/100

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

NBRR Perf 6896-7098 Holes 48 Size 0.42 CODL Perf 7203-7223 Holes 60 Size 0.38
No additional treatment.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/29/2010 Hours: 24 Bbls oil: 22 Mcf Gas: 140 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 22 Mcf Gas: 140 Bbls H2O: 0 GOR: 6364

Test Method: FLOWING Casing PSI: 776 Tubing PSI: 498 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1354 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7635 Tbg setting date: 08/10/2010 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: 9/2/2010 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: 12/23/2010

Attachment Check List

Att Doc Num	Name
400089942	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)