

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:

400093834

**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 05-123-23223-00 6. County: WELD  
7. Well Name: MILE HIGH Well Number: 24-11  
8. Location: QtrQtr: SWNE Section: 11 Township: 3N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

|  |                             |   |   |
|--|-----------------------------|---|---|
| FORMATION: <u>CODELL</u>   |                             | Status: <u>COMMINGLED</u>   |   |
| Treatment Date: <u>05/06/2010</u>                                |                             | Date of First Production this formation: <u>05/12/2010</u>          |   |
| Perforations   | Top: <u>7371</u>            | Bottom: <u>7386</u>   | No. Holes: <u>60</u> Hole size: <u>45/100</u> |
| Provide a brief summary of the formation treatment:              |                             | Open Hole: <input type="checkbox"/>                                 |   |
| <div>Drill out CIBP set @ 7320' to commingle CODL w/ NBRR.</div> |                             |   |   |
| This formation is commingled with another formation:             |                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |
| <b>Test Information:</b>   |                             |   |   |
| 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: _____                                 |                             |   |   |
| <div></div>  |                             |   |   |
| 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: _____  |   |

|   |                                      |  |  |
|---|--------------------------------------|--|--|
| FORMATION: <u>NIOBRARA-CODELL</u>   |                                      | Status: <u>PRODUCING</u>                                   |  |
| Treatment Date: <u>05/06/2010</u>   |                                      | Date of First Production this formation: <u>05/12/2010</u> |  |
| Perforations  | Top: <u>7084</u> Bottom: <u>7386</u> | No. Holes: <u>180</u>                                      | Hole size: <u>45/100</u>                               |
| Provide a brief summary of the formation treatment:   |                                      | Open Hole: <input type="checkbox"/>                        |  |
| <u>NBRR Perf 7084-7258 Holes 120 Size 0.42</u>  |                                      | <u>CODL Perf 7371-7386 Holes 60 Size 0.45</u>              |  |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            |                                      |  |  |
| <b>Test Information:</b>  |                                      |  |  |
| Date: <u>05/27/2010</u>   | Hours: <u>24</u>                     | Bbls oil: <u>7</u>   | Mcf Gas: <u>67</u> Bbls H2O: <u>0</u>                  |
| Calculated 24 hour rate:  |                                      | Bbls oil: <u>7</u>   | Mcf Gas: <u>67</u> Bbls H2O: <u>0</u> GOR: <u>9571</u> |
| Test Method: <u>FLOWING</u>   | Casing PSI: <u>350</u>               | Tubing PSI: <u>325</u>                                     | Choke Size: <u>26/64</u>                               |
| Gas Disposition: <u>SOLD</u>  | Gas Type: <u>WET</u>                 | BTU Gas: <u>1223</u>                                       | API Gravity Oil: <u>62</u>                             |
| Tubing Size: <u>2 + 3/8</u>   | Tubing Setting Depth: <u>7347</u>    | Tbg setting date: <u>05/06/2010</u>                        | Packer Depth: _____                                    |
| Reason for Non-Production:<br>_____   |                                      |  |  |
| 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: _____   |                                      |  |  |

|   |                                      |  |   |
|---|--------------------------------------|--|---|
| FORMATION: <u>NIOBRARA</u>  |                                      | Status: <u>COMMINGLED</u>                                  |   |
| Treatment Date: <u>05/12/2010</u>   |                                      | Date of First Production this formation: <u>06/26/2007</u> |   |
| Perforations  | Top: <u>7084</u> Bottom: <u>7258</u> | No. Holes: <u>120</u>                                      | Hole size: <u>42/100</u>                  |
| Provide a brief summary of the formation treatment:   |                                      | Open Hole: <input type="checkbox"/>                        |   |
| <u>No additional treatment.</u>   |                                      |  |   |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No            |                                      |  |   |
| <b>Test Information:</b>  |                                      |  |   |
| 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:<br>_____   |                                      |  |   |
| 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:<br>_____ |
|-------------------|

|  |                        |                                     |  |
|--|------------------------|-------------------------------------|--|
| I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete. |                        |                                     |  |
| Signed: _____  |                        | Print Name: <u>Cindy Vue</u>        |  |
| Title: <u>Regulatory Analyst II</u>  | Date: <u>9/20/2010</u> | Email <u>Cindy.Vue@anadarko.com</u> |  |

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              |
|-------------|-------------------|
| 400093834   | FORM 5A SUBMITTED |

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)