

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:

2511801

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 05-123-12780-00 6. County: WELD
 7. Well Name: HATCH-UPRR Well Number: 42-11 #1
 8. Location: QtrQtr: SENE Section: 11 Township: 3N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/11/2010 Date of First Production this formation: 05/21/2010

Perforations Top: 7104 Bottom: 7400 No. Holes: 109 Hole size: 38/100

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

RE-PERF NB 7104-7252 HOLES 56 SIZE 0.38 NB PERF 7104-7276 HOLES 66 SIZE 0.38 CD PERF 7390-7400 HOLES 43 SIZE 0.38 FRAC NB W/500 GAL 15% HCL & 170,800 GAL PHASER W/250,160# 20/40 & 4,000# 20/40 SB EXCEL

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/09/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: Bbls oil: 3 Mcf Gas: 106 Bbls H2O: 0 GOR: 35333

Test Method: FLOWING Casing PSI: 787 Tubing PSI: 754 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1269 API Gravity Oil: 55

Tubing Size: 2 + 24/64 Tubing Setting Depth: 7366 Tbg setting date: 05/17/2010 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: 6/24/2010 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
2511801	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)