

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:

400096877

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 05-123-22781-00 6. County: WELD
7. Well Name: XCEL Well Number: 14-10
8. Location: QtrQtr: SESW Section: 10 Township: 3N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 05/02/2006 Date of First Production this formation: 05/16/2005

Perforations Top: 7095 Bottom: 7115 No. Holes: 60 Hole size: 42/100

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

No additional treatment.

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/02/2007 Hours: 24 Bbls oil: 3 Mcf Gas: 34 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 3 Mcf Gas: 34 Bbls H2O: 0 GOR: 11334

Test Method: FLOWING Casing PSI: 2000 Tubing PSI: Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1188 API Gravity Oil: 52

Tubing Size: Tubing Setting Depth: Tbg setting date: 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: PRODUCING

Treatment Date: 04/28/2006 Date of First Production this formation: 05/02/2006

Perforations Top: 7534 Bottom: 7580 No. Holes: 66 Hole size: 38/100

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

Frac JSND w/ 16,044 gal SW & 85,460# 20/40 sand.

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/02/2007 Hours: 24 Bbls oil: 2 Mcf Gas: 68 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 2 Mcf Gas: 68 Bbls H2O: 0 GOR: 34000

Test Method: FLOWING Casing PSI: 2000 Tubing PSI: _____ Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1188 API Gravity Oil: 52

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

It has come to our attention that the J-Sand recomple performed in 2006 was never reported. Please use this Form 5A to update the producing formations.

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: 10/1/2010 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
400096877	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)