

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:
400100924

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 05-123-17719-00
6. County: WELD
7. Well Name: HSR-SEKICH FARMS Well Number: 3-20
8. Location: QtrQtr: NENW Section: 20 Township: 3N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 09/14/2010 Date of First Production this formation: 03/10/2000

Perforations Top: 7606 Bottom: 7652 No. Holes: 88 Hole size: 22/100

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

Set sand plug @ 7247'.

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 NB-CD refrac.

Date formation Abandoned: 09/14/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7247 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/24/2010 Date of First Production this formation: 09/27/2010

Perforations Top: 6932 Bottom: 7204 No. Holes: 121 Hole size: 38/100

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

NBRR Perf 6932-7065 Holes 75 Size 0.38 CODL Perf 7184-7204 Holes 46 Size 0.38
Reperf NBRR 6932-7048 Holes 58 Size 0.38.
Refrac NBRR w/ 252 gal 15% HCl & 166,110 gal Super Z LpH Hybrid & 250,820# 20/40 sand & 4,000# SB Excel.
Reperf CODL 7184-7204 Holes 20 Size 0.38.
Refrac CODL w/ 125,076 gal Super Z LpH & 261,640# 20/40 sand & 4,000# SB Excel.

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/13/2010 Hours: 24 Bbls oil: 40 Mcf Gas: 140 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 40 Mcf Gas: 140 Bbls H2O: 0 GOR: 3500

Test Method: FLOWING Casing PSI: 1285 Tubing PSI: 903 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1266 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7133 Tbg setting date: 10/01/2010 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: 10/15/2010 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. Nashin Director of COGCC Date: 12/30/2010

Attachment Check List

Att Doc Num	Name
400100924	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)