

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:

400120275

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 05-123-16686-00 6. County: WELD
7. Well Name: PALOMBO Well Number: 23-4L
8. Location: QtrQtr: NWNW Section: 23 Township: 3N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 01/29/1993 Date of First Production this formation: 02/15/1993

Perforations Top: 7289 Bottom: 7303 No. Holes: 98 Hole size: 0.36

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

Frac 1/29/1993 w/ 217,380# sand & 87,234 gal SW
Re-Frac 12/6/1999 w/ 261,340# sand & 122,472 gal SW
RBP set 3/10/2008 @ 7215' for NB Recomplete
RBP removed 9/23/2008
Commingled with NB/CD 10/1/2008

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:

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: 03/23/2001 Date of First Production this formation: 10/01/2008

Perforations Top: 7734 Bottom: 7788 No. Holes: 88 Hole size: 0.21

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

Frac w/ 560,220# 20/40 mesh, 242,259 gal SW
 First date of production 3/27/2001
 RBP set 3/10/2008 @ 7215' for NB Recomplete
 RBP removed 9/23/2008
 Commingled with NB/CD 10/1/2008

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/25/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 109 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 109 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 516 Tubing PSI: 425 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1208 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7717 Tbg setting date: 09/25/2008 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: 09/23/2008 Date of First Production this formation: 10/01/2008

Perforations Top: 7012 Bottom: 7303 No. Holes: 218 Hole size: 0.38

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

NB Perf 7012-7154 Holes 120 Size 0.38
 CD Perf 7289-7303 Holes 98 Size 0.36

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/25/2010 Hours: 24 Bbls oil: 5 Mcf Gas: 29 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 5 Mcf Gas: 29 Bbls H2O: 0 GOR: 5800

Test Method: FLOWING Casing PSI: 516 Tubing PSI: 425 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1208 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7717 Tbg setting date: 09/25/2008 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 Status: COMMINGLED

Treatment Date: 03/17/2008 Date of First Production this formation: 03/26/2008

Perforations Top: 7012 Bottom: 7154 No. Holes: 120 Hole size: 0.38

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

Frac Nio C 7134-7154 w/ 100,000# 40/70 & 4,000# 20/40 SB Excel suspended in 130,250 gal SW
Frac Nio A&B 7012-7077 w/ 200,000# 40/70 & 4,000# 20/40 SB Excel suspended in 245,000 gal SW
Commingled with Codell and J Sand formation 10/01/2008

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:

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

ATTN: DARLA GEIMAUSADDLE
Palombo 23-4L 05-123-16686 is on the Delinquency List.
This Form 5A is the most up to date as of 1/3/2011 and should resolve the missing NBRR and CODL missing reports.

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: _____ 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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)