

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:

400100213

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: Kenny Trueax
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6383
 3. Address: P O BOX 173779 Fax: (720) 929-7383
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-31199-00 6. County: WELD
 7. Well Name: VOGL Well Number: 31-5
 8. Location: QtrQtr: NWNW Section: 5 Township: 2N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: PRODUCING
 Treatment Date: 08/09/2010 Date of First Production this formation: 08/27/2010
 Perforations Top: 7902 Bottom: 7932 No. Holes: 60 Hole size: 38/100
 Provide a brief summary of the formation treatment: Open Hole:
 J Sand Perfs: 7902-7932 Holes: 60 Size: .38
 Frac J Sand w/ 148,526 gal Slickwater w/ 116,000# 40/70 sand, 4,000# SB Excel sand
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 10/03/2010 Hours: 24 Bbls oil: 64 Mcf Gas: 270 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 64 Mcf Gas: 270 Bbls H2O: 0 GOR: 4219
 Test Method: Flowing Casing PSI: 1100 Tubing PSI: 0 Choke Size: 14/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1271 API Gravity Oil: 49
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8052 Tbg setting date: 10/13/2010 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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/16/2010 Date of First Production this formation: _____

Perforations Top: 7250 Bottom: 7477 No. Holes: 120 Hole size: _____

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

NB Perfs: 7250-7334 Holes: 66 Size: .42 CD Perfs: 7459-7477 Holes: 54 Size: .38
Frac NB w/ 250 gal 15% HCl & 244,694 gal SW w/ 200,280# 40/70 sand, 4,000# SuperLC sand
Frac CD w/ 226,968 gal SW w/ 150,400# 40/70 sand, 4,000# SuperLC sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/22/2010 Hours: 24 Bbls oil: 76 Mcf Gas: 264 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 76 Mcf Gas: 264 Bbls H2O: 0 GOR: 3474

Test Method: Flowing Casing PSI: 1100 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1271 API Gravity Oil: 49

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:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Kenny Trueax

Title: Regulatory Analyst II Date: 10/21/2010 Email: Kenny.Trueax@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: 1/6/2011

Attachment Check List

Att Doc Num	Name
400100213	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)