

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400105688

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 05-123-31107-00
6. County: WELD
7. Well Name: VOGL Well Number: 11-36
8. Location: QtrQtr: SWSW Section: 36 Township: 3N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 10/01/2010 Date of First Production this formation: 10/27/2010

Perforations Top: 7418 Bottom: 7696 No. Holes: 114 Hole size: 0.38

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

NBRR Perf 7418-7554 Holes 60 Size 0.42 CODL Perf 7678-7696 Holes 54 Size 0.38
Frac NBRR w/ 250 gal 15% HCl & 243,403 gal SW & 202,080# 40/70 sand & 4,000# SuperLC.
Frac CODL w/ 208,326 gal SW & 151,140# 40/70 sand & 4,000# SuperLC.

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/02/2010 Hours: 24 Bbls oil: 40 Mcf Gas: 114 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 40 Mcf Gas: 114 Bbls H2O: 0 GOR: 2850

Test Method: FLOWING Casing PSI: 1700 Tubing PSI: _____ Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1288 API Gravity Oil: 50

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: Cindy Vue

Title: Regulatory Analyst II Date: 11/16/2010 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: 1/11/2011

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400105688 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)