

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:

400105620

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 05-123-30579-00
6. County: WELD
7. Well Name: BURCHFIELD
Well Number: 21-21
8. Location: QtrQtr: NENW Section: 21 Township: 3N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/04/2010 Date of First Production this formation: 10/21/2010

Perforations Top: 6929 Bottom: 7201 No. Holes: 96 Hole size: 0.38

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

NBRR Perf 6929-7067 Holes 60 Size 0.42 CODL Perf 7183-7201 Holes 36 Size 0.38
Frac NBRR w/ 250 gal 15% HCl & 245,243 gal SW & 200,020# 40/70 sand & 4,000# SB Excel.
Frac CODL w/ 132,247 gal pHaser & 220,500# 20/40 sand & 4,000# SB Excel.

This formation is commingled with another formation: [ ] Yes [X] No

Test Information:

Date: 10/28/2010 Hours: 24 Bbls oil: 96 Mcf Gas: 159 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 96 Mcf Gas: 159 Bbls H2O: 0 GOR: 1656

Test Method: FLOWING Casing PSI: 2100 Tubing PSI: Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1251 API Gravity Oil: 47

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: 11/2/2010 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: 1/13/2011

**Attachment Check List**

Att Doc Num	Name
400105620	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

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