

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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Document Number:

400107147

**COMPLETED INTERVAL REPORT**

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 05-123-22170-00 6. County: WELD  
7. Well Name: KRAUSE Well Number: 12-28  
8. Location: QtrQtr: NWSW Section: 28 Township: 4N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/25/2010</u>	Date of First Production this formation: <u>11/03/2010</u>
Perforations Top: <u>7060</u> Bottom: <u>7374</u>	No. Holes: <u>196</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>	
<u>NBRR Perf 7060-7250 Holes 120 Size 0.45 CODL Perf 7358-7374 Holes 76 Size 0.38</u> <u>Reperf CODL 7358-7374 Holes 48 Size 0.38.</u> <u>Refrac CODL w/ 258,023 gal SW &amp; 207,960# 40/70 sand &amp; 4,260# SB Excel.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>11/08/2010</u> Hours: <u>24</u> Bbls oil: <u>8</u> Mcf Gas: <u>330</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>8</u> Mcf Gas: <u>330</u> Bbls H2O: <u>0</u> GOR: <u>41250</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>620</u> Tubing PSI: <u>377</u> Choke Size: <u>30/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1240</u> API Gravity Oil: <u>65</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7331</u> Tbg setting date: <u>10/27/2010</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

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: 11/9/2010 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
400107147	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)