

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:
400111426

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 05-123-31403-00
6. County: WELD
7. Well Name: FRICO Well Number: 9-10A
8. Location: QtrQtr: NESW Section: 11 Township: 3N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: PRODUCING
Treatment Date: 10/22/2010 Date of First Production this formation: 11/08/2010
Perforations Top: 7994 Bottom: 8036 No. Holes: 76 Hole size: 0.38
Provide a brief summary of the formation treatment: Frac w/ 146,643 gal Slickwater w/ 116,800# 40/70, 4,000# SuperLC Open Hole:
This formation is commingled with another formation: Yes No
Test Information:
Date: 11/22/2010 Hours: 24 Bbls oil: 30 Mcf Gas: 185 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 30 Mcf Gas: 185 Bbls H2O: 0 GOR: 6167
Test Method: FLOWING Casing PSI: 1824 Tubing PSI: 2151 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1207 API Gravity Oil: 59
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7961 Tbg setting date: 11/12/2010 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: 10/22/2010 Date of First Production this formation: 11/08/2010

Perforations Top: 7264 Bottom: 7542 No. Holes: 124 Hole size: 0.38

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

Perf NB 7264-7412 Holes 60 Size 0.38 Perf CD 7526-7542 Holes 64 Size 0.38
Frac NB w/ 250 gal 15% HCl & 241,004 gal Slickwater w/ 202,020# 40/70, 4,000# SuperLC.
Frac CD w/ 208,658 gal Slickwater w/ 150,080# 40/70, 4,000# SuperLC.

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/22/2010 Hours: 24 Bbls oil: 30 Mcf Gas: 185 Bbls H2O: 0

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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: 11/24/2010 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: 1/14/2011

Attachment Check List

Att Doc Num	Name
400111426	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)