

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

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.

Document Number:

400109781

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 05-123-31383-00 6. County: WELD  
7. Well Name: FIVE Well Number: 31-9  
8. Location: QtrQtr: SWNW Section: 9 Township: 4N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/20/2010</u>	Date of First Production this formation: <u>11/04/2010</u>
Perforations Top: <u>7002</u> Bottom: <u>7330</u>	No. Holes: <u>108</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
Perf NB 7002-7194 Holes 44 Size 0.38 Perf CD 7314-7330 Holes 64 Size 0.38 Frac NB w/ 250 gal 15% HCl & 246,374 gal SW w/ 216,080# 40/70 & 4,000# SB Excel. Frac CD w/ 198,534 gal SW w/ 151,760# 40/70 & 4,000# SB Excel.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>11/17/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>285</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>285</u> Bbls H2O: <u>0</u> GOR: <u></u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1296</u> Tubing PSI: <u>973</u> Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1211</u> API Gravity Oil: <u>60</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7302</u> Tbg setting date: <u>11/09/2010</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: 11/18/2010 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: 1/18/2011

**Attachment Check List**

Att Doc Num	Name
400109781	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)