

**FORM
5A**Rev
02/08State 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

Document Number:

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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: CARA MAHLER
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029
3. Address: P O BOX 173779 Fax: (720) 929-7029
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-31445-00 6. County: WELD
7. Well Name: MAPLEWOOD Well Number: 22-7
8. Location: QtrQtr: SWSW Section: 7 Township: 4N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>			
Treatment Date: <u>12/30/2010</u>		Date of First Production this formation: <u>01/12/2011</u>			
Perforations	Top: <u>6998</u>	Bottom: <u>7330</u>	No. Holes: <u>126</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>			
NB PERF 6998-7204 HOLES 66 SIZE 0.42 CD PERF 7310-7330 HOLES 60 SIZE 0.38 Frac Niobrara A & B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 249,606 gal Slickwater w/ 201,980# 40/70, 4,000# SB Excel. Frac Codell down 4-1/2" Csg w/ 205,968 gal Slickwater w/ 151,540# 40/70, 4,000# SB Excel.					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>01/17/2011</u>	Hours: <u>24</u>	Bbls oil: <u>48</u>	Mcf Gas: <u>72</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>48</u>	Mcf Gas: <u>72</u>	Bbls H2O: <u>0</u>	GOR: <u>1500</u>
Test Method: <u>FLOWING</u>		Casing PSI: <u>1900</u>	Tubing PSI: _____	Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1501</u>	API Gravity Oil: <u>48</u>	
Tubing Size: _____		Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: _____ _____					
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: CARA MAHLERTitle: REGULATORY ANALYST 1 Date: _____ Email: CARA.MAHLER@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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)