

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:
400115132

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: Kenny Trueax
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6383
 3. Address: P O BOX 173779 Fax: (720) 929-7383
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-26261-00 6. County: WELD
 7. Well Name: DOUTHIT Well Number: 21-26
 8. Location: QtrQtr: SWNE Section: 26 Township: 3N Range: 68W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED
 Treatment Date: 11/11/2010 Date of First Production this formation: 03/05/2008
 Perforations Top: 7392 Bottom: 7412 No. Holes: 80 Hole size: 0.42
 Provide a brief summary of the formation treatment: Open Hole:
Set sand plug at 7215' on 10/21/2010, Drilled out 11/11/2010
Commingled with Niobrara 11/18/2010
 This formation is commingled with another formation: Yes No
Test Information:
 Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
 Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
 Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
 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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/04/2010 Date of First Production this formation: 11/18/2010

Perforations Top: 7148 Bottom: 7412 No. Holes: 142 Hole size: 0.38

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

NB Perfs: 7148-7274 Holes: 62 Size: .38
Frac NB w/ 250 gal 15% HCl & 241,502 gal Slickwater w/ 200,300# 40/70, 4,080# SB Excel sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/07/2010 Hours: 24 Bbls oil: 46 Mcf Gas: 85 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 46 Mcf Gas: 85 Bbls H2O: 0 GOR: 1848

Test Method: Flowing Casing PSI: 766 Tubing PSI: 447 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1293 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7375 Tbg setting date: 11/11/2010 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: _____

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Kenny Trueax

Title: Regulatory Analyst II Date: 12/9/2010 Email Kenny.Trueax@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: 1/21/2011

Attachment Check List

Att Doc Num	Name
400115132	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)