

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:

400124767

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: 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 05-123-29973-00 6. County: WELD
7. Well Name: CROISSANT Well Number: 19-20
8. Location: QtrQtr: SESW Section: 20 Township: 5N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>12/12/2006</u>		Date of First Production this formation: <u>09/05/2007</u>	
Perforations	Top: <u>7094</u>	Bottom: <u>7114</u>	No. Holes: <u>60</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>No new treatment Commingled with JSND</div>			
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Test Information:			
Date: <u>01/13/2011</u>	Hours: <u>24</u>	Bbls oil: <u>12</u>	Mcf Gas: <u>78</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>12</u>	Mcf Gas: <u>78</u> Bbls H2O: <u>0</u> GOR: <u>6500</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>933</u>	Tubing PSI: <u></u>	Choke Size: <u>22/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1294</u>	API Gravity Oil: <u>48</u>
Tubing Size: <u></u>	Tubing Setting Depth: <u></u>	Tbg setting date: <u></u>	Packer Depth: <u></u>
Reason for Non-Production: <div></div>			
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>	

FORMATION: <u>J-CODELL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>11/24/2010</u>		Date of First Production this formation: <u>12/13/2010</u>	
Perforations	Top: <u>7094</u> Bottom: <u>7588</u>	No. Holes: <u>124</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
CD Perf: 7094-7114 Holes: 60 Size: .38 CD frac - no new treatment JSND Perf: 7556-7588 Holes: 64 Size: .38 Frac JSND w/146,454 gal SW containing 115,000# 40/70 sand and 4300# 20/40 SB Excel sand			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>01/13/2011</u>	Hours: <u>24</u>	Bbls oil: <u>12</u>	Mcf Gas: <u>78</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>12</u>	Mcf Gas: <u>78</u> Bbls H2O: <u>0</u> GOR: <u>6500</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>933</u>	Tubing PSI: <u>775</u>	Choke Size: <u>22/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1294</u>	API Gravity Oil: <u>48</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7535</u>	Tbg setting date: <u>12/03/2010</u>	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>			
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: _____	

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>11/24/2010</u>		Date of First Production this formation: <u>12/13/2010</u>	
Perforations	Top: <u>7556</u> Bottom: <u>7588</u>	No. Holes: <u>64</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
JSND Perf: 7556-7588 Holes: 64 Size: .38 Frac JSND w/146,454 gal SW containing 115,000# 40/70 sand and 4300# 20/40 SB Excel sand Commingled with Codell			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:			
Date: <u>01/13/2011</u>	Hours: <u>24</u>	Bbls oil: <u>12</u>	Mcf Gas: <u>78</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>12</u>	Mcf Gas: <u>78</u> Bbls H2O: <u>0</u> GOR: <u>6500</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>933</u>	Tubing PSI: _____	Choke Size: <u>22/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1294</u>	API Gravity Oil: <u>48</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>			
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: Kenny Trueax

Title: Regulatory Analyst II

Date: 1/18/2011

Email Kenny.Trueax@anadarko.com

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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
400124767	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)