

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:
400126110

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: 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 05-123-24355-00 6. County: WELD
7. Well Name: LDS Well Number: 39-24
8. Location: QtrQtr: SESE Section: 24 Township: 3N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED
Treatment Date: 12/16/2010 Date of First Production this formation: 03/06/2007
Perforations Top: 7350 Bottom: 7370 No. Holes: 60 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole:
Re-Frac Codell down 4-1/2" Csg w/ 205,229 gal Slickwater w/ 150,960# 40/70, 4,040# SB Excel.
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: SOLD Gas Type: WET 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: 12/16/2010 Date of First Production this formation: 12/27/2010

Perforations Top: 7101 Bottom: 7370 No. Holes: 120 Hole size: 0.38

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

NB Perf 7101-7210 Holes 60 Size 0.38 CD Perf 7350-7370 Holes 60 Size 0.38

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/15/2011 Hours: 24 Bbls oil: 33 Mcf Gas: 174 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 33 Mcf Gas: 174 Bbls H2O: 0 GOR: 5273

Test Method: FLOWING Casing PSI: 5 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1223 API Gravity Oil: 47

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 Status: COMMINGLED

Treatment Date: 12/16/2010 Date of First Production this formation: 12/27/2010

Perforations Top: 7101 Bottom: 7210 No. Holes: 60 Hole size: 0.38

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

Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 247,825 gal Slickwater w/ 201,520# 40/70, 4,260# SB Excel.

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: _____

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: 1/21/2011 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. Nashin Director of COGCC Date: 1/21/2011

Attachment Check List

Att Doc Num	Name
400126110	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)