

**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

COMPLETED INTERVAL REPORT

Document Number:

400127645

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 05-123-31854-00 6. County: WELD
7. Well Name: STROHAUER Well Number: 24-14
8. Location: QtrQtr: NENE Section: 14 Township: 4N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed IntervalFORMATION: NIOBRARA-CODELL Status: PRODUCINGTreatment Date: 01/04/2011 Date of First Production this formation: 01/17/2011Perforations Top: 7199 Bottom: 7462 No. Holes: 110 Hole size: 0.42Provide a brief summary of the formation treatment: Open Hole: ☐

NB Perf 7199-7326 Holes 54 Size 0.42 CD Perf 7448-7462 Holes 56 Size 0.41
Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 239,320 gal Slickwater w/ 45,320# 40/70, 4,000# SB Excel.
Frac Codell down 4-1/2" Csg w/ 204,021 gal Slickwater w/ 34,660# 40/70, 4,000# SB Excel.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 01/25/2011 Hours: 24 Bbls oil: 49 Mcf Gas: 116 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 49 Mcf Gas: 116 Bbls H2O: 0 GOR: 2367Test Method: FLOWING Casing PSI: 200 Tubing PSI: _____ Choke Size: 12/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1287 API Gravity Oil: 58

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 VueTitle: Regulatory Analyst II Date: _____ 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: _____ 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)