

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:
400124939

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

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: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 12/30/2010 Date of First Production this formation: 01/12/2011

Perforations Top: 6998 Bottom: 7330 No. Holes: 126 Hole size: 0.42

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

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: Yes No

Test Information:

Date: 01/17/2011 Hours: 24 Bbls oil: 48 Mcf Gas: 72 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 48 Mcf Gas: 72 Bbls H2O: 0 GOR: 1500

Test Method: FLOWING Casing PSI: 1900 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1501 API Gravity Oil: 48

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: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: 1/19/2011 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: David S. Neslin Director of COGCC Date: 2/2/2011

Attachment Check List

Att Doc Num	Name
400124939	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)