

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:  
400125281

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 05-123-31367-00  
6. County: WELD  
7. Well Name: KERR-MCGEE Well Number: 23-3  
8. Location: QtrQtr: NWSW Section: 3 Township: 1N Range: 68W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 10/28/2010 Date of First Production this formation: 12/08/2010

Perforations Top: 7830 Bottom: 8076 No. Holes: 132 Hole size: 0.38

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

NB PERF 7830-7928 HOLES 72 SIZE 0.38 CD PERF 8056-8076 HOLES 60 SIZE 0.38  
Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 249,858 gal Slickwater w/ 102,060# 40/70, 4,000# SB Excel.  
Frac Codell down 4-1/2" Csg w/ 205,002 gal Slickwater w/ 75,080# 40/70, 4,000# SB Excel, 0# NA.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 12/10/2010 Hours: 24 Bbls oil: 70 Mcf Gas: 159 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 70 Mcf Gas: 159 Bbls H2O: 0 GOR: 2271

Test Method: FLOWING Casing PSI: 2450 Tubing PSI: \_\_\_\_\_ Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1315 API Gravity Oil: 53

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 I 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
400125281	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)