

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:
400125753

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 05-123-31692-00
6. County: WELD
7. Well Name: HIGHWAY 160
Well Number: 2-2
8. Location: QtrQtr: SWNE Section: 2 Township: 1N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: PRODUCING
Treatment Date: 11/16/2010 Date of First Production this formation: 01/10/2011
Perforations Top: 8138 Bottom: 8162 No. Holes: 48 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole:
Frac J-Sand down 4-1/2" Csg w/ 140,448 gal Slickwater w/ 109,100# 40/70, 4,060# SB Excel.
This formation is commingled with another formation: Yes No
Test Information:
Date: 01/11/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 0 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 0 Bbls H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 1400 Tubing PSI: _____ Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1241 API Gravity Oil: 43
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: 11/22/2010 Date of First Production this formation: 01/10/2011

Perforations Top: 7346 Bottom: 7694 No. Holes: 120 Hole size: 0.42

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

NB PERF 7346-7522 HOLES 66 SIZE 0.42 CD PERF 7676-7694 HOLES 54 SIZE 0.38
Frac Niobrara A & B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 233,600 gal Slickwater w/ 200,500# 40/70, 4,080# SB Excel.
Frac Codell down 4-1/2" Csg w/ 191,940 gal Slickwater w/ 150,420# 40/70, 4,100# SB Excel.

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/11/2011 Hours: 24 Bbls oil: 191 Mcf Gas: 41 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 191 Mcf Gas: 41 Bbls H2O: 0 GOR: 215

Test Method: FLOWING Casing PSI: 1400 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1241 API Gravity Oil: 43

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: 1/20/2011 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
400125753	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)