

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:

400129749

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: Kenny Trueax
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6383
 3. Address: P O BOX 173779 Fax: (720) 929-7383
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-19638-00 6. County: WELD
 7. Well Name: (HSR) NORTHGLENN STATE Well Number: 13-36
 8. Location: QtrQtr: SWSW Section: 36 Township: 1N Range: 68W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA Status: COMMINGLED
 Treatment Date: 12/29/2010 Date of First Production this formation: 01/04/2011
 Perforations Top: 7559 Bottom: 8382 No. Holes: 152 Hole size: 0.42
 Provide a brief summary of the formation treatment: Open Hole:
 NB Perf: 7559-7856 Holes: 120 Size: .42
 JSND Perf: 8366-8382 Holes: 32 Size: .38
 Drill out sand plug and curculate clean to 8450'
 Commingle NB/JSND; no additional treatment
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 01/27/2011 Hours: 24 Bbls oil: 9 Mcf Gas: 222 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 9 Mcf Gas: 222 Bbls H2O: 0 GOR: 24667
 Test Method: Flowing Casing PSI: 900 Tubing PSI: 800 Choke Size: 0.24
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1319 API Gravity Oil: 46
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7554 Tbg setting date: 10/03/2008 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: J SAND Status: PRODUCING

Treatment Date: 12/29/2010 Date of First Production this formation: 09/04/1998

Perforations Top: 8366 Bottom: 8382 No. Holes: 32 Hole size: 0.38

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

Drill out sand plug and circulate clean to 8450'
Comingle with Niobrara

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: _____

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 12/29/2010 Date of First Production this formation: 08/28/2008

Perforations Top: 7559 Bottom: 7856 No. Holes: 120 Hole size: 0.42

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

Comingle with J SAND
No new treatment

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: Kenny Trueax

Title: Regulatory Analyst II

Date: _____

Email Kenny.Trueax@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

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

Total: 0 comment(s)