

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:

400133039

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: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-31611-00
6. County: WELD
7. Well Name: DRY CREEK
Well Number: 21-27
8. Location: QtrQtr: NENE Section: 27 Township: 1N Range: 67W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 01/10/2011 Date of First Production this formation: 01/27/2011
Perforations Top: 7756 Bottom: 8149 No. Holes: 118 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole:
NB Perf 7756-8012 Holes 64 Size 0.42 CD Perf 8131-8149 Holes 54 Size 0.38
Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 245,738 gal Slickwater w/ 200,380# 40/70, 4,000# SuperLC.
Frac Codell down 4-1/2" Csg w/ 209,351 gal Slickwater w/ 150,420# 40/70, 4,000# SuperLC.
This formation is commingled with another formation: Yes No
Test Information:
Date: 02/02/2011 Hours: 0 Bbls oil: 3 Mcf Gas: 0 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 3 Mcf Gas: 0 Bbls H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 1700 Tubing PSI: Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1278 API Gravity Oil: 51
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 Vue
Title: 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)