

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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Document Number:

400133047

**COMPLETED INTERVAL REPORT**

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: Cindy Vue  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832  
3. Address: P O BOX 173779 Fax: (720) 929-7832  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-31608-00 6. County: WELD  
7. Well Name: DRY CREEK Well Number: 2-27  
8. Location: QtrQtr: NENE Section: 27 Township: 1N Range: 67W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

|   |  |
|---|--|
| FORMATION: <u>NIOBRARA-CODELL</u>   | Status: <u>PRODUCING</u>                                   |
| Treatment Date: <u>01/07/2011</u>   | Date of First Production this formation: <u>01/27/2011</u> |
| Perforations Top: <u>7462</u> Bottom: <u>7881</u>   | No. Holes: <u>128</u> Hole size: <u>0.38</u>               |
| Provide a brief summary of the formation treatment:   | Open Hole: <input type="checkbox"/>                        |
| NB Perf 7462-7726 Holes 64 Size 0.41 CD Perf 7865-7881 Holes 64 Size 0.38<br>Frac Niobrara A & B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 240,286 gal Slickwater w/ 198,920# 40/70, 4,000# SuperLC.<br>Frac Codell down 4-1/2" Csg w/ 200,915 gal Slickwater w/ 150,040# 40/70, 4,000# SuperLC. |  |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |
| <b>Test Information:</b>  |  |
| Date: <u>02/09/2011</u> Hours: <u>24</u> Bbls oil: <u>84</u> Mcf Gas: <u>35</u> Bbls H2O: <u>0</u>  |  |
| Calculated 24 hour rate: Bbls oil: <u>84</u> Mcf Gas: <u>35</u> Bbls H2O: <u>0</u> GOR: <u>417</u>  |  |
| Test Method: <u>FLOWING</u> Casing PSI: <u>1350</u> Tubing PSI: _____ Choke Size: <u>16/64</u>  |  |
| Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1278</u> API Gravity Oil: <u>51</u>   |  |
| Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____  |  |
| Reason for Non-Production: _____  |  |
| Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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)