

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400133124

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 05-123-11588-00
6. County: WELD
7. Well Name: BEIN Well Number: #1
8. Location: QtrQtr: NENW Section: 18 Township: 4N Range: 67W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: J SAND Status: PRODUCING
Treatment Date: 01/05/2011 Date of First Production this formation: 08/30/1985
Perforations Top: 7604 Bottom: 7616 No. Holes: 36 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole:
Inspected BOP's Blow down well & kill it W/ 30 bbls PU 6 jts 2 3/8 RU Swivel & Maverick tag sand @ 7260 cleaned out to 7410. DRILLED OUT SAND PLUG @ 7357. WENT DOWNLINE WITH NB/CD ON 1/17/2011.
This formation is commingled with another formation: [X] Yes [] No
Test Information:
Date: 02/10/2011 Hours: 24 Bbls oil: 5 Mcf Gas: 36 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 36 Bbls H2O: 0 GOR: 7200
Test Method: FLOWING Casing PSI: 733 Tubing PSI: Choke Size: 64/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1317 API Gravity Oil: 52
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: 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: _____ 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)