

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

COMPLETED INTERVAL REPORT

Document Number:

400146073

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 05-123-25696-00
6. County: WELD
7. Well Name: WATERFRONT
Well Number: 24-27
8. Location: QtrQtr: NESE Section: 27 Township: 3N Range: 68W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: COMMINGLED
Treatment Date: 01/20/2011 Date of First Production this formation: 10/15/2008
Perforations Top: 7378 Bottom: 7398 No. Holes: 60 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole:
CIBP SET @ 7320' ON 1/20/2011. REMOVED ON 3/7/2011. COMMINGLED WITH NB.
This formation is commingled with another formation: [X] 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-CODELL Status: PRODUCING

Treatment Date: 03/07/2011 Date of First Production this formation: 03/10/2011

Perforations Top: 7150 Bottom: 7398 No. Holes: 126 Hole size: 0.38

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

NB-RECOMPLETE.
CD- CIBP REMOVED

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/18/2011 Hours: 24 Bbls oil: 18 Mcf Gas: 110 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 18 Mcf Gas: 110 Bbls H2O: 0 GOR: 6111

Test Method: FLOWING Casing PSI: 1024 Tubing PSI: 790 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1270 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7361 Tbg setting date: 03/08/2011 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: COMMINGLED

Treatment Date: 02/16/2011 Date of First Production this formation: 02/24/2011

Perforations Top: 7150 Bottom: 7266 No. Holes: 66 Hole size: 0.41

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

Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 228,302 gal Slickwater w/ 201,200# 40/70, 4,000# SB Excel.
RETURNED DOWNLINE WITH CD AFTER CIBP WAS REMOVED ON 3/10/2011.

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: CARA MAHLER

Title: REGULATORY ANALYST 1

Date: _____

Email CARA.MAHLER@ANADARKO.COM

:

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)