

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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COMPLETED INTERVAL REPORT

Document Number:

400151415

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 05-123-30932-00
6. County: WELD
7. Well Name: VARRA Well Number: 39-32
8. Location: QtrQtr: SESE Section: 32 Township: 3N Range: 67W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 03/15/2011 Date of First Production this formation: 03/22/2011
Perforations Top: 7156 Bottom: 7417 No. Holes: 116 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole:
NB Perf 7156-7277 Holes 56 Size 0.42 CD Perf 7397-7417 Holes 60 Size 0.38
Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 243,741 gal Slickwater w/ 200,100# 40/70, 4,000# SB Excel
Frac Codell down 4-1/2" Csg w/ 201,767 gal Slickwater w/ 150,400# 40/70, 4,000# SB Excel
This formation is commingled with another formation: Yes No
Test Information:
Date: 04/06/2011 Hours: 24 Bbls oil: 64 Mcf Gas: 177 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 64 Mcf Gas: 177 Bbls H2O: 0 GOR: 2766
Test Method: FLOWING Casing PSI: 1071 Tubing PSI: Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1182 API Gravity Oil: 49
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)