

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:

400158174

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: CARA MAHLER
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029
 3. Address: P O BOX 173779 Fax: (720) 929-7029
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-21694-00 6. County: WELD
 7. Well Name: COOK Well Number: 4-9
 8. Location: QtrQtr: NWNW Section: 9 Township: 2N Range: 65W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
 Treatment Date: 03/17/2011 Date of First Production this formation: 04/04/2011
 Perforations Top: 6982 Bottom: 7231 No. Holes: 79 Hole size: 0.45
 Provide a brief summary of the formation treatment: _____ Open Hole:
 REPERF CD (3/8/2011) 7217-7231 HOLES 56 SIZE .38
 Re-Frac Codell down 4-1/2" Csg w/ 262,290 gal Slickwater w/ 207,640# 40/70, 4,780# SB Excel.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 04/04/2011 Hours: 24 Bbls oil: 15 Mcf Gas: 92 Bbls H2O: 0
 Calculated 24 hour rate: _____ Bbls oil: 15 Mcf Gas: 92 Bbls H2O: 0 GOR: 6133
 Test Method: FLOWING Casing PSI: 1500 Tubing PSI: _____ Choke Size: 18/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1229 API Gravity Oil: 55
 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

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)