

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:

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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: 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 05-123-23670-00 6. County: WELD
7. Well Name: FARLEY Well Number: 22-23
8. Location: QtrQtr: SENW Section: 23 Township: 3N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>05/04/2011</u>	Date of First Production this formation: <u>06/20/2006</u>
Perforations Top: <u>7200</u> Bottom: <u>7496</u>	No. Holes: <u>144</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
<u>Re-Frac Codell down 4-1/2" Csg w/ 265,356 gal Slickwater w/ 208,000# 40/70, 4,000# SB Excel.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>05/12/2011</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>237</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>237</u> Bbls H2O: <u>0</u> GOR: <u>0</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>2100</u> Tubing PSI: _____ Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1230</u> API Gravity Oil: <u>60</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: 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

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

Total: 0 comment(s)