

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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COMPLETED INTERVAL REPORT

Document Number:

400165864

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 05-123-32727-00
6. County: WELD
7. Well Name: DOWDY Well Number: 13-11
8. Location: QtrQtr: SWSW Section: 11 Township: 2N Range: 65W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 04/14/2011 Date of First Production this formation: 05/02/2011
Perforations Top: 6996 Bottom: 7244 No. Holes: 122 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole:
NB PERF 6996-7094 HOLES 62 SIZE .42 CD PERF 7224-7244 HOLES 60 SIZE .38
Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 249,774 gal Slickwater w/ 200,620# 40/70, 4,000# SB Excel.
Frac Codell down 4-1/2" Csg w/ 205,632 gal Slickwater w/ 150,160# 40/70, 4,000# 20/40.
This formation is commingled with another formation: Yes No
Test Information:
Date: 05/14/2011 Hours: 24 Bbls oil: 39 Mcf Gas: 147 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 39 Mcf Gas: 147 Bbls H2O: 0 GOR: 3769
Test Method: FLOWING Casing PSI: 602 Tubing PSI: Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1298 API Gravity Oil: 50
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)