

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:

400166733

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: Cindy Vue
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832
 3. Address: P O BOX 173779 Fax: (720) 929-7832
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-32130-00 6. County: WELD
 7. Well Name: PEAKS Well Number: 11-2
 8. Location: QtrQtr: SESW Section: 2 Township: 1N Range: 68W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED
 Treatment Date: 03/29/2011 Date of First Production this formation: 04/28/2011
 Perforations Top: 7604 Bottom: 8296 No. Holes: 159 Hole size: 0.42
 Provide a brief summary of the formation treatment: _____ Open Hole:
 NB Perf 7604-7712 Holes 54 Size 0.42
 CD Perf 7832-7848 Holes 48 Size 0.42
 J S Perf 8275-8296 Holes 57 Size 0.42
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 04/28/2011 Hours: 24 Bbls oil: 25 Mcf Gas: 75 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 25 Mcf Gas: 75 Bbls H2O: 0 GOR: 3000
 Test Method: FLOWING Casing PSI: 1400 Tubing PSI: _____ Choke Size: 12/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1142 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: _____

FORMATION: J SAND Status: PRODUCING

Treatment Date: 03/29/2011 Date of First Production this formation: 04/28/2011

Perforations Top: 8275 Bottom: 8296 No. Holes: 57 Hole size: 0.42

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

J S Perf 8275-8296 Holes 57 Size 0.42
Frac w/ 151,578 gal SW w/ 115,480# 40/70 and 4,000# SuperLC.

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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/08/2011 Date of First Production this formation: 04/28/2011

Perforations Top: 7604 Bottom: 7848 No. Holes: 102 Hole size: 0.42

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

NB Perf 7604-7712 Holes 54 Size 0.42 CD Perf 7832-7848 Holes 48 Size 0.42
Frac NB w/ 250 gal 15% HCl & 253,869 gal SW w/ 201,760# 30/50 & 4,000# SuperLC
Frac CD w/ 202,849 gal SW w/ 151,580# 30/50 & 4,000# SuperLC

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: Cindy Vue

Title: Regulatory Analyst II Date: _____ Email Cindy.Vue@anadarko.com
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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)