

<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		DE ET OE ES
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  400131937
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: <u>47120</u>	4. Contact Name: <u>Cindy Vue</u>
2. Name of Operator: <u>KERR-MCGEE OIL &amp; GAS ONSHORE LP</u>	Phone: <u>(720) 929-6832</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7832</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-37</u>	

5. API Number <u>05-001-09724-00</u>	6. County: <u>ADAMS</u>
7. Well Name: <u>TALON VIEW</u>	Well Number: <u>5-9</u>
8. Location: QtrQtr: <u>SENW</u> Section: <u>9</u> Township: <u>1S</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>SPINDLE</u> Field Code: <u>77900</u>	

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>01/08/2011</u>	Date of First Production this formation: <u>01/26/2011</u>
Perforations Top: <u>8042</u> Bottom: <u>8064</u>	No. Holes: <u>66</u> Hole size: <u>0.4</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Frac Codell down 4-1/2" Csg w/ 175,125 gal Slickwater w/ 150,460# 40/70 & 4,000# 20/40 SB Excel.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>02/06/2011</u> Hours: <u>24</u>	Bbls oil: <u>23</u> Mcf Gas: <u>42</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>23</u> Mcf Gas: <u>42</u> Bbls H2O: <u>0</u> GOR: <u>548</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1000</u> Tubing PSI: _____ Choke Size: <u>12/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1234</u> API Gravity Oil: <u>40</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: Cindy Vue

Title: Regulatory Analyst II Date: 2/9/2011 Email: Cindy.Vue@anadarko.com

### Attachment Check List

Att Doc Num	Name
400131937	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)