

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

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 05-123-31683-00 6. County: WELD
7. Well Name: HIGHWAY 160 Well Number: 41-2
8. Location: QtrQtr: SWNE Section: 2 Township: 1N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 12/13/2010 Date of First Production this formation: 01/07/2011
Perforations Top: 7548 Bottom: 8235 No. Holes: 190 Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole: []

NB PERF 7548-7638 HOLES 66 SIZE .42
CD PERF 7766-7782 HOLES 64 SIZE .38
JSND PERF 8223-8235 HOLES 60 SIZE .38

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 01/17/2011 Hours: 24 Bbls oil: 43 Mcf Gas: 46 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 43 Mcf Gas: 46 Bbls H2O: 0 GOR: 1070
Test Method: FLOWING Casing PSI: 1350 Tubing PSI: Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1241 API Gravity Oil: 43
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:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: J SAND Status: PRODUCING

Treatment Date: 11/16/2010 Date of First Production this formation: 01/07/2011

Perforations Top: 8223 Bottom: 8235 No. Holes: 60 Hole size: 0.38

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

Frac J-Sand down 4-1/2" Csg w/ 141,750 gal Slickwater w/ 115,020# 40/70, 4,520# SB Excel.

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: 12/13/2010 Date of First Production this formation: 01/07/2011

Perforations Top: 7548 Bottom: 7782 No. Holes: 130 Hole size: 0.42

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

Frac Codell down 4-1/2" Csg w/ 198,694 gal Slickwater w/ 150,850# 40/70, 4,260# SB Excel.
Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 247,978 gal Slickwater w/ 201,140# 40/70, 4,240# SB Excel.

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: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: 3/8/2011 Email CARA.MAHLER@ANADARKO.COM
:

Attachment Check List

Att Doc Num	Name
400140399	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)