


<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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table>	DE	ET	OE	ES				
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<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <div style="text-align: center; font-weight: bold;">400146053</div>								
<p>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.</p>											
<table style="width: 100%;"> <tr> <td style="width: 50%;">1. OGCC Operator Number: <u>47120</u></td> <td style="width: 50%;">4. Contact Name: <u>Cindy Vue</u></td> </tr> <tr> <td>2. Name of Operator: <u>KERR-MCGEE OIL &amp; GAS ONSHORE LP</u></td> <td>Phone: <u>(720) 929-6832</u></td> </tr> <tr> <td>3. Address: <u>P O BOX 173779</u></td> <td>Fax: <u>(720) 929-7832</u></td> </tr> <tr> <td>City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-37</u></td> <td></td> </tr> </table>				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>	
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<u>Completed Interval</u>											
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<table style="width: 100%;"> <tr> <td style="width: 25%;">Perforations Top: <u>7486</u></td> <td style="width: 25%;">Bottom: <u>7738</u></td> <td style="width: 25%;">No. Holes: <u>116</u></td> <td style="width: 25%;">Hole size: <u>0.38</u></td> </tr> </table>				Perforations Top: <u>7486</u>	Bottom: <u>7738</u>	No. Holes: <u>116</u>	Hole size: <u>0.38</u>				
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Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
NB PERF 7486-7612 HOLES 62 SIZE 0.38 CD PERF 7720-7738 HOLES 54 SIZE 0.38 Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 250,446 gal Slickwater w/ 200,940# 30/50, 4,000# SB Excel Frac Codell down 4-1/2" Csg w/ 205,380 gal Slickwater w/ 150,000# 30/50, 4,000# SB Excel											
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
<b>Test Information:</b>											
<table style="width: 100%;"> <tr> <td>Date: _____</td> <td>Hours: _____</td> <td>Bbls oil: _____</td> <td>Mcf Gas: _____</td> <td>Bbls H2O: _____</td> </tr> </table>				Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____			
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____							
<table style="width: 100%;"> <tr> <td>Calculated 24 hour rate: _____</td> <td>Bbls oil: _____</td> <td>Mcf Gas: _____</td> <td>Bbls H2O: _____</td> <td>GOR: _____</td> </tr> </table>				Calculated 24 hour rate: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	GOR: _____			
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<table style="width: 100%;"> <tr> <td>Test Method: _____</td> <td>Casing PSI: _____</td> <td>Tubing PSI: _____</td> <td>Choke Size: _____</td> </tr> </table>				Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____				
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Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____								
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>											
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: _____											

FORMATION: <u>NIORARA-CODELL-SUSSEX</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>01/28/2011</u>		Date of First Production this formation: <u>03/02/2011</u>			
Perforations	Top: <u>4850</u>	Bottom: <u>7738</u>	No. Holes: <u>166</u>	Hole size: <u>0.38</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
SX PERF 4850-4964 HOLES 50 SIZE 0.38 NB PERF 7486-7612 HOLES 62 SIZE 0.38 CD PERF 7720-7738 HOLES 54 SIZE 0.38					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Test Information:</b>					
Date: <u>03/18/2011</u>	Hours: <u>24</u>	Bbls oil: <u>14</u>	Mcf Gas: <u>14</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>14</u>	Mcf Gas: <u>14</u>	Bbls H2O: <u>0</u>	GOR: <u>1000</u>
Test Method: <u>FLOWING</u>		Casing PSI: <u>1380</u>	Tubing PSI: <u>1550</u>	Choke Size: <u>22/64</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1186</u>	API Gravity Oil: <u>48</u>	
Tubing Size: <u>2 + 3/8</u>		Tubing Setting Depth: <u>7684</u>	Tbg setting date: <u>02/18/2011</u>	Packer Depth: _____	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
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: _____			

FORMATION: <u>SUSSEX</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>02/02/2011</u>		Date of First Production this formation: <u>03/02/2011</u>			
Perforations	Top: <u>4850</u>	Bottom: <u>4964</u>	No. Holes: <u>50</u>	Hole size: <u>0.38</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Frac Sussex down 4-1/2" Csg w/ 21,042 gal Lightning N2 w/ 180,140# 16/30, 20,540# SB Excel					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Test Information:</b>					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
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: 3/24/2011 Email Cindy.Vue@anadarko.com  
:

### **Attachment Check List**

Att Doc Num	Name
400146053	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)