

<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
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <div style="text-align: center; border: 1px solid black; padding: 5px;"> <b>400146007</b> </div>				

1. OGCC Operator Number: <u>47120</u>	4. Contact Name: <u>CARA MAHLER</u>
2. Name of Operator: <u>KERR-MCGEE OIL &amp; GAS ONSHORE LP</u>	Phone: <u>(720) 929-6029</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7029</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-37</u>	

5. API Number <u>05-123-20985-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>HOWARD</u>	Well Number: <u>15-27A</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>27</u> Township: <u>1N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>01/27/2011</u>	Date of First Production this formation: <u>02/23/2011</u>
Perforations Top: <u>7362</u> Bottom: <u>7782</u>	No. Holes: <u>108</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>

NB PERF 7362-7612 HOLES 48 SIZE .42  
 (1/29/2011) Frac Niobrara A & B & C down 4-1/2" Csg w/ 462 gal 15% HCl & 242,676 gal Slickwater w/ 201,260# 40/70, 4,000# SB Excel.  
 CD PERF 7762-7782 HOLES 60 SIZE 0.38  
 (1/27/2011) Frac Codell down 4-1/2" Csg w/ 206,472 gal Slickwater w/ 150,300# 40/70, 4,000# SB Excel.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: <u>03/16/2011</u>	Hours: <u>24</u>	Bbls oil: <u>73</u>	Mcf Gas: <u>54</u>	Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>73</u>	Mcf Gas: <u>54</u>	Bbls H2O: <u>0</u>	GOR: <u>740</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1450</u>	Tubing PSI: _____	Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1224</u>	API Gravity Oil: <u>55</u>	
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:

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

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: 3/23/2011 Email CARA.MAHLER@ANADARKO.COM  
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**Attachment Check List**

Att Doc Num	Name
400146007	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)