


<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> Document Number:  <div style="text-align: center; font-weight: bold;">400146097</div>	DE	ET	OE	ES				
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<b>COMPLETED INTERVAL REPORT</b>											
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.											
<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>CARA MAHLER</u></td> </tr> <tr> <td>2. Name of Operator: <u>KERR-MCGEE OIL &amp; GAS ONSHORE LP</u></td> <td>Phone: <u>(720) 929-6029</u></td> </tr> <tr> <td>3. Address: <u>P O BOX 173779</u></td> <td>Fax: <u>(720) 929-7029</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>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>	
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<table style="width: 100%;"> <tr> <td style="width: 20%;">Perforations</td> <td style="width: 20%;">Top: <u>7365</u></td> <td style="width: 20%;">Bottom: <u>7380</u></td> <td style="width: 20%;">No. Holes: <u>60</u></td> <td style="width: 20%;">Hole size: <u>0.38</u></td> </tr> </table>				Perforations	Top: <u>7365</u>	Bottom: <u>7380</u>	No. Holes: <u>60</u>	Hole size: <u>0.38</u>			
Perforations	Top: <u>7365</u>	Bottom: <u>7380</u>	No. Holes: <u>60</u>	Hole size: <u>0.38</u>							
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
<div style="border: 1px solid black; padding: 5px;">         CIBP SET AT 7340' KB DUMP BAIL SAND ON 1/24/2011. REMOVED CIBP ON 3/03/2011. WENT DOWNLINE WITH NB ON 3/08/2011.       </div>											
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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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: _____											

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

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>03/03/2011</u>		Date of First Production this formation: <u>03/08/2011</u>	
Perforations	Top: <u>7120</u> Bottom: <u>7380</u>	No. Holes: <u>120</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
NB-RECOMPLETE CD- CIBP REMOVED			
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>18</u>	Mcf Gas: <u>90</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>18</u>	Mcf Gas: <u>90</u> Bbls H2O: <u>0</u> GOR: <u>5000</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1382</u>	Tubing PSI: <u>967</u>	Choke Size: <u>24/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1270</u>	API Gravity Oil: <u>52</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7330</u>	Tbg setting date: <u>03/03/2011</u>	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></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>NIOBRARA</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>02/16/2011</u>		Date of First Production this formation: <u>02/24/2011</u>	
Perforations	Top: <u>7120</u> Bottom: <u>7248</u>	No. Holes: <u>60</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 216,721 gal Slickwater w/ 200,100# 40/70, 4,000# SB Excel. RETURNED DOWNLINE ON 3/8/2011 WITH CD AFTER CD CIBP REMOVED.			
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%; margin-top: 5px;"></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:

**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: 3/24/2011 Email CARA.MAHLER@ANADARKO.COM  
:

### **Attachment Check List**

Att Doc Num	Name
400146097	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)