


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		<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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COMPLETED INTERVAL REPORT			Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">400149344</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 & 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 & 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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Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
NB Perf 7102-7208 Holes 62 Size 0.42 CD Perf 7102-7208 Holes 62 Size 0.42 Re-Frac Codell 2/15/11 down 4-1/2" Csg w/ 262,458 gal Slickwater w/ 211,920# 40/70, 4,000# SB Excel Return well back to production after Codell Re-Frac on 3/7/2011.											
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Test Information:											
<table style="width: 100%;"> <tr> <td style="width: 20%;">Date: <u>03/30/2011</u></td> <td style="width: 10%;">Hours: <u>24</u></td> <td style="width: 10%;">Bbls oil: <u>18</u></td> <td style="width: 10%;">Mcf Gas: <u>250</u></td> <td style="width: 10%;">Bbls H2O: <u>0</u></td> <td style="width: 40%;"></td> </tr> </table>				Date: <u>03/30/2011</u>	Hours: <u>24</u>	Bbls oil: <u>18</u>	Mcf Gas: <u>250</u>	Bbls H2O: <u>0</u>			
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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: _____											
Comment: _____ <div style="border: 1px solid black; height: 20px; width: 100%;"></div>											

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: Cindy Vue

Title: Regulatory Analyst II Date: 4/1/2011 Email Cindy.Vue@anadarko.com
:

Attachment Check List

Att Doc Num	Name
400149344	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)