

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 with 4 columns: DE, ET, OE, ES

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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 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP 3. Address: P O BOX 173779 City: DENVER State: CO Zip: 80217-37 4. Contact Name: Cindy Vue Phone: (720) 929-6832 Fax: (720) 929-7832

5. API Number 05-123-22639-00 6. County: WELD 7. Well Name: WESTERN Well Number: 17-31 8. Location: QtrQtr: SENE Section: 31 Township: 4N Range: 66W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Date: 03/28/2005 Date of First Production this formation: 04/19/2005 Perforations Top: 7294 Bottom: 7312 No. Holes: 54 Hole size: 0.38 Provide a brief summary of the formation treatment: Open Hole: [] CD Perf 7294-7312 Holes 54 Size 0.38 Frac CODL w/ 154,686 gal slickwater and 115,780# sand. This formation is commingled with another formation: [X] 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:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/06/2009 Date of First Production this formation: 11/09/2009

Perforations Top: 6994 Bottom: 7312 No. Holes: 124 Hole size: 0.42

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

NB Perf 6994-7179 Holes 70 Size 0.42
CD Perf 7294-7312 Holes 54 Size 0.38

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/01/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 42 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 2 Mcf Gas: 42 Bbls H2O: 0 GOR: 21000

Test Method: FLOWING Casing PSI: 471 Tubing PSI: 214 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1266 API Gravity Oil: 60

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7740 Tbg setting date: 11/06/2009 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 Status: COMMINGLED

Treatment Date: 09/30/2009 Date of First Production this formation: 10/02/2009

Perforations Top: 6994 Bottom: 7179 No. Holes: 70 Hole size: 0.42

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

NB Perf 6994-7179 Holes 70 Size 0.42
Frac Niobrara A & B & C down 4-1/2" Csg w/ 509 gal 15% HCl & 242,764 gal Slickwater w/ 201,360# 40/70 & 4,000# 20/40 Ottawa

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: Cindy Vue

Title: Regulatory Analyst II Date: 4/6/2011 Email Cindy.Vue@anadarko.com
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Attachment Check List

Att Doc Num	Name
400150630	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)