


<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="border: 1px solid black; padding: 5px; text-align: center;">400151052</div>	DE	ET	OE	ES
DE	ET	OE	ES				
<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.							
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>					
5. API Number <u>05-123-26258-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>DOUTHIT</u>		Well Number: <u>23-26</u>					
8. Location: QtrQtr: <u>SWSE</u>	Section: <u>26</u>	Township: <u>3N</u>	Range: <u>68W</u> Meridian: <u>6</u>				
9. Field Name: <u>WATTENBERG</u>		Field Code: <u>90750</u>					
<u>Completed Interval</u>							
FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>					
Treatment Date: <u>11/24/2010</u>		Date of First Production this formation: <u>04/09/2008</u>					
Perforations Top: <u>7434</u>	Bottom: <u>7454</u>	No. Holes: <u>80</u>	Hole size: <u>0.38</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
10/19/10 Set CIBP @ 7400' w/ sand cap for NB Recomplete 11/15/10 Drill and clean thru sand and CIBP to PB @ 7540 11/24/10 Commingle with NBRR production							
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: _____							
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>11/02/2010</u>		Date of First Production this formation: <u>11/24/2010</u>			
Perforations	Top: <u>7196</u>	Bottom: <u>7454</u>	No. Holes: <u>146</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;">NB Perf 7196-7322 Holes 66 Size 0.38 CD Perf 7434-7454 Holes 80 Size 0.38 Frac Niobrara A &amp; B &amp; C down 4-1/2" Csg w/ 240,719 gal Slickwater w/ 200,520# 40/70 &amp; 4,000# 20/40 SB Excel No additional CD Frac treatment</div>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Test Information:</b>					
Date: <u>04/05/2011</u>	Hours: <u>24</u>	Bbls oil: <u>5</u>	Mcf Gas: <u>30</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>5</u>	Mcf Gas: <u>30</u>	Bbls H2O: <u>0</u>	GOR: <u>6000</u>
Test Method: <u>FLOWING</u>		Casing PSI: <u>587</u>	Tubing PSI: <u>521</u>	Choke Size: <u>24/64</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1297</u>	API Gravity Oil: <u>49</u>	
Tubing Size: <u>2 + 3/8</u>		Tubing Setting Depth: <u>7405</u>	Tbg setting date: <u>11/15/2010</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: _____			

Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.			
Signed: _____		Print Name: <u>Cindy Vue</u>	
Title: <u>Regulatory Analyst II</u>	Date: <u>4/7/2011</u>	Email <u>Cindy.Vue@anadarko.com</u>	

### Attachment Check List

Att Doc Num	Name
400151052	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)