

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



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Document Number: 400156280

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

5. API Number 05-123-31544-00 6. County: WELD
7. Well Name: COTTONWOOD Well Number: 13-33
8. Location: QtrQtr: NWSW Section: 33 Township: 2N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/18/2011 Date of First Production this formation: 03/31/2011
Perforations Top: 7456 Bottom: 7704 No. Holes: 126 Hole size: 0.4

Provide a brief summary of the formation treatment: Open Hole: []

NB Perf 7456-7550 Holes 66 Size 0.42 CD Perf 7684-7704 Holes 60 Size 0.40
Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 243,600 gal Slickwater w/ 200,260# 40/70, 4,360# SB Excel
Frac Codell down 4-1/2" Csg w/ 205,380 gal Slickwater w/ 150,120# 40/70, 4,200# SB Excel

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: <u>NIOBRARA-CODELL-SUSSEX</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>02/18/2011</u>	Date of First Production this formation: <u>03/31/2011</u>
Perforations Top: <u>4822</u> Bottom: <u>7704</u>	No. Holes: <u>178</u> Hole size: <u>0.4</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
SX Perf 4822-4930 Holes 52 Size 0.40 NB Perf 7456-7550 Holes 66 Size 0.42 CD Perf 7684-7704 Holes 60 Size 0.40	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>04/01/2011</u> Hours: <u>24</u> Bbls oil: <u>30</u> Mcf Gas: <u>45</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate:	Bbls oil: <u>30</u> Mcf Gas: <u>45</u> Bbls H2O: <u>0</u> GOR: <u>1500</u>
Test Method: <u>FLOWING</u> Casing PSI: <u>1420</u> Tubing PSI: <u>1775</u> Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1193</u> API Gravity Oil: <u>47</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7663</u> Tbg setting date: <u>03/23/2011</u> 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: _____	

FORMATION: <u>SUSSEX</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>03/10/2011</u>	Date of First Production this formation: <u>03/31/2011</u>
Perforations Top: <u>4822</u> Bottom: <u>4930</u>	No. Holes: <u>52</u> Hole size: <u>0.4</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
SX Perf 4822-4930 Holes 52 Size 0.40 Frac Sussex down 4-1/2" Csg w/ 20,454 gal MavFoam N2 w/ 180,020# 16/30, 20,300# 16/30	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 4/20/2011 Email Cindy.Vue@anadarko.com
:

Attachment Check List

Att Doc Num	Name
400156280	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)