

<b>FORM 5A</b> Rev 02/08	State of Colorado <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>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  400156681				
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>05-123-24875-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>SEKICH</u>	Well Number: <u>32-19</u>
8. Location: QtrQtr: <u>SWNW</u> Section: <u>19</u> Township: <u>3N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>05/28/2007</u>	Date of First Production this formation: <u>07/17/2007</u>
Perforations Top: <u>7339</u> Bottom: <u>7360</u>	No. Holes: <u>63</u> Hole size: <u>0.45</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
CD Perf 7339-7360 Holes 63 Size 0.45 Frac w/ 220,042# 20/40	

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: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/04/2011 Date of First Production this formation: 04/11/2011

Perforations Top: 7092 Bottom: 7360 No. Holes: 129 Hole size: 0.41

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

NB Perf 7092-7206 Hole 66 Size 0.41 CD Perf 7339-7360 Holes 63 Size 0.45  
4/4/2011 -mill out CIBP over CODL to commingle well

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 04/19/2011 Hours: 24 Bbls oil: 9 Mcf Gas: 87 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 9 Mcf Gas: 87 Bbls H2O: 0 GOR: 9667

Test Method: FLOWING Casing PSI: 1141 Tubing PSI: 604 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1268 API Gravity Oil: 43

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7324 Tbg setting date: 04/05/2011 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: 03/03/2011 Date of First Production this formation: 03/23/2011

Perforations Top: 7092 Bottom: 7206 No. Holes: 66 Hole size: 0.41

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

NB Perf 7092-7206 Hole 66 Size 0.41  
Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 239,368 gal Slickwater w/ 100,160# 40/70, 4,000# SB Excel

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: \_\_\_\_\_

**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: 4/21/2011 Email Cindy.Vue@anadarko.com  
:

**Attachment Check List**

Att Doc Num	Name
400156681	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)