

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 columns DE, ET, OE, ES

Document Number: 400159659

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: CARA MAHLER 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029 3. Address: P O BOX 173779 Fax: (720) 929-7029 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-23406-00 6. County: WELD 7. Well Name: AGGREGATE Well Number: 10-9 8. Location: QtrQtr: NWSE Section: 9 Township: 2N Range: 66W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Date: 03/23/2011 Date of First Production this formation: 03/08/2006 Perforations Top: 7412 Bottom: 7429 No. Holes: 51 Hole size: 0.38 Provide a brief summary of the formation treatment: Open Hole: [] NB RECOMPLETE 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: 03/23/2011 Date of First Production this formation: 04/06/2011

Perforations Top: 7224 Bottom: 7429 No. Holes: 111 Hole size: 0.38

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

NB RECOMPLETE

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/24/2011 Hours: 24 Bbls oil: 7 Mcf Gas: 147 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 7 Mcf Gas: 147 Bbls H2O: 0 GOR: 21000

Test Method: FLOWING Casing PSI: 464 Tubing PSI: 329 Choke Size: 30/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1232 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7374 Tbg setting date: 03/29/2011 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: 03/23/2011 Date of First Production this formation: 04/06/2011

Perforations Top: 7224 Bottom: 7280 No. Holes: 60 Hole size: 0.38

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

Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 243,434 gal Slickwater w/ 200,000# 40/70, 4,000# SB Excel, 0# .

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: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: 4/27/2011 Email CARA.MAHLER@ANADARKO.COM
:

Attachment Check List

Att Doc Num	Name
400159659	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)