


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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">DE</td> <td style="width: 25%; text-align: center;">ET</td> <td style="width: 25%; text-align: center;">OE</td> <td style="width: 25%; text-align: center;">ES</td> </tr> </table> Document Number: <div style="text-align: center; font-weight: bold;">400159926</div>	DE	ET	OE	ES				
DE	ET	OE	ES								
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.											
<table style="width: 100%;"> <tr> <td style="width: 50%;">1. OGCC Operator Number: <u>47120</u></td> <td style="width: 50%;">4. Contact Name: <u>CARA MAHLER</u></td> </tr> <tr> <td>2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u></td> <td>Phone: <u>(720) 929-6029</u></td> </tr> <tr> <td>3. Address: <u>P O BOX 173779</u></td> <td>Fax: <u>(720) 929-7029</u></td> </tr> <tr> <td>City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-37</u></td> <td></td> </tr> </table>				1. OGCC Operator Number: <u>47120</u>	4. Contact Name: <u>CARA MAHLER</u>	2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6029</u>	3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7029</u>	City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-37</u>	
1. OGCC Operator Number: <u>47120</u>	4. Contact Name: <u>CARA MAHLER</u>										
2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6029</u>										
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7029</u>										
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-37</u>											
<table style="width: 100%;"> <tr> <td style="width: 50%;">5. API Number <u>05-123-20763-00</u></td> <td style="width: 50%;">6. County: <u>WELD</u></td> </tr> <tr> <td>7. Well Name: <u>HIGHUM FOUNDERS</u></td> <td>Well Number: <u>1</u></td> </tr> <tr> <td>8. Location: QtrQtr: <u>NESE</u> Section: <u>14</u> Township: <u>1N</u> Range: <u>67W</u> Meridian: <u>6</u></td> <td></td> </tr> <tr> <td>9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u></td> <td></td> </tr> </table>				5. API Number <u>05-123-20763-00</u>	6. County: <u>WELD</u>	7. Well Name: <u>HIGHUM FOUNDERS</u>	Well Number: <u>1</u>	8. Location: QtrQtr: <u>NESE</u> Section: <u>14</u> Township: <u>1N</u> Range: <u>67W</u> Meridian: <u>6</u>		9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	
5. API Number <u>05-123-20763-00</u>	6. County: <u>WELD</u>										
7. Well Name: <u>HIGHUM FOUNDERS</u>	Well Number: <u>1</u>										
8. Location: QtrQtr: <u>NESE</u> Section: <u>14</u> Township: <u>1N</u> Range: <u>67W</u> Meridian: <u>6</u>											
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>											
<u>Completed Interval</u>											
<table style="width: 100%;"> <tr> <td style="width: 50%;">FORMATION: <u>J SAND</u></td> <td style="width: 50%;">Status: <u>TEMPORARILY ABANDONED</u></td> </tr> </table>				FORMATION: <u>J SAND</u>	Status: <u>TEMPORARILY ABANDONED</u>						
FORMATION: <u>J SAND</u>	Status: <u>TEMPORARILY ABANDONED</u>										
Treatment Date: <u>03/25/2011</u> Date of First Production this formation: <u>03/28/2002</u>											
Perforations Top: <u>7994</u> Bottom: <u>8033</u> No. Holes: <u>102</u> Hole size: <u>0.41</u>											
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>											
<div style="border: 1px solid black; padding: 2px;">SAND PLUG SET @ 7698'</div>											
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" 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:											
<div style="border: 1px solid black; padding: 2px;">SAND PLUG SET @ 7698'</div>											
Date formation Abandoned: <u>03/25/2011</u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____											
Bridge Plug Depth: <u>7698</u> Sacks cement on top: _____											

Signed: _____ Print Name: CARA MAHLER _____

Title: REGULATORY ANALYST 1 Date: 5/2/2011 Email: CARA.MAHLER@ANADARKO.COM

Att Doc Num	Name
400159926	FORM 5A SUBMITTED

General Comments

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

Date Run: 6/9/2011 Doc [#400159926] Well Name: HIGHUM FOUNDERS 1