


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%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: 400165291	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.							
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>							
5. API Number <u>05-123-23670-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>FARLEY</u>		Well Number: <u>22-23</u>					
8. Location: QtrQtr: <u>SENW</u> Section: <u>23</u> Township: <u>3N</u> Range: <u>66W</u> Meridian: <u>6</u>							
9. Field Name: <u>WATTENBERG</u>		Field Code: <u>90750</u>					
<u>Completed Interval</u>							
FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>05/04/2011</u>		Date of First Production this formation: <u>06/20/2006</u>					
Perforations Top: <u>7200</u> Bottom: <u>7496</u>		No. Holes: <u>144</u> Hole size: <u>0.42</u>					
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
<u>Re-Frac Codell down 4-1/2" Csg w/ 265,356 gal Slickwater w/ 208,000# 40/70, 4,000# SB Excel.</u>							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>05/12/2011</u> Hours: <u>24</u>		Bbls oil: <u>0</u> Mcf Gas: <u>237</u> Bbls H2O: <u>0</u>					
Calculated 24 hour rate:		Bbls oil: <u>0</u> Mcf Gas: <u>237</u> Bbls H2O: <u>0</u> GOR: <u>0</u>					
Test Method: <u>FLOWING</u>		Casing PSI: <u>2100</u> Tubing PSI: <u> </u> Choke Size: <u>12/64</u>					
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u> BTU Gas: <u>1230</u> API Gravity Oil: <u>60</u>					
Tubing Size: <u> </u> Tubing Setting Depth: <u> </u>		Tbg setting date: <u> </u> Packer Depth: <u> </u>					
Reason for Non-Production:							
<u> </u>							
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u> </u>					
Bridge Plug Depth: <u> </u>		Sacks cement on top: <u> </u>					
Comment:							
<u> </u>							
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.							
Signed: <u> </u>		Print Name: <u>CARA MAHLER</u>					
Title: <u>REGULATORY ANALYST 1</u>		Date: <u>5/16/2011</u> Email <u>CARA.MAHLER@ANADARKO.COM</u>					

Attachment Check List

Att Doc Num	Name
400165291	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)