


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: <div style="border: 1px solid black; padding: 5px; text-align: center;">400166069</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.							
1. OGCC Operator Number: <u>47120</u>		4. Contact Name: <u>Cindy Vue</u>					
2. Name of Operator: <u>KERR-MCGEE OIL & 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>05-123-21005-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>VAN PORTFLIET</u>		Well Number: <u>3-10A</u>					
8. Location: QtrQtr: <u>NENW</u>	Section: <u>10</u>	Township: <u>2N</u>	Range: <u>65W</u> Meridian: <u>6</u>				
9. Field Name: <u>WATTENBERG</u>		Field Code: <u>90750</u>					
<u>Completed Interval</u>							
FORMATION: <u>J-NIOBRARA-CODELL</u>		Status: <u>COMMINGLED</u>					
Treatment Date: <u>04/06/2009</u>		Date of First Production this formation: <u>04/06/2009</u>					
Perforations Top: <u>6972</u>	Bottom: <u>7646</u>	No. Holes: <u>198</u>	Hole size: <u>0.38</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
Commingled J-NBRR-CODL production 6/20/08 -J Sand under sand plug for NBRR/CODL recomple. Spot 50 sacks of 20/40 sand @ 7450'. 4/06/09 -Tagged sand @ 7650', (J Sand Perfs 7596-7646') commingle J-NBRR-CODL production.							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>07/01/2010</u>	Hours: <u>24</u>	Bbls oil: <u>10</u>	Mcf Gas: <u>50</u> Bbls H2O: <u>0</u>				
Calculated 24 hour rate:		Bbls oil: <u>10</u>	Mcf Gas: <u>50</u> Bbls H2O: <u>0</u> GOR: <u>5000</u>				
Test Method: <u>FLOWING</u>	Casing PSI: <u>296</u>	Tubing PSI: <u>170</u>	Choke Size: _____				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1249</u>	API Gravity Oil: <u>51</u>				
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7162</u>	Tbg setting date: <u>08/08/2008</u>	Packer Depth: _____				
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>							
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>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>08/21/2002</u>		Date of First Production this formation: <u>08/26/2002</u>	
Perforations	Top: <u>7596</u> Bottom: <u>7646</u>	No. Holes: <u>78</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
8/21/02 -Frac J-Sand w/ 246,000 gal gel, 500,000# 20/40 sand 2/25/05 -Mini-Frac J Sand w/ 3255 gal gel, 2,000# sand 1/08/06 -Mini Frac J Sand w/ 3906 gal gel, 2,000# sand			
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: _____			

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>06/30/2008</u>		Date of First Production this formation: <u>07/07/2008</u>	
Perforations	Top: <u>6972</u> Bottom: <u>7226</u>	No. Holes: <u>120</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
NB Perf 6972-7065 Holes 60 Size 0.42 CD Perf 7211-7226 Holes 60 Size 0.38 Frac NB down 4-1/2" csg w/ 4079 bbls Vistar hybrid containing 262K lbs 20/40 sd & 4K lbs resin tail Frac CD down 4-1/2" csg w/ 4116 bbls slickwater containing 115K lbs 40/70 sd & 4K lbs 20/40 resin tail			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:			
Date: <u>07/07/2008</u>	Hours: <u>24</u>	Bbls oil: <u>22</u>	Mcf Gas: <u>320</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate: _____		Bbls oil: <u>22</u>	Mcf Gas: <u>320</u> Bbls H2O: <u>0</u> GOR: <u>14545</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1400</u>	Tubing PSI: _____	Choke Size: <u>10/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1290</u>	API Gravity Oil: <u>51</u>
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: 5/18/2011 Email Cindy.Vue@anadarko.com
:

Attachment Check List

Att Doc Num	Name
400166069	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)