


| | | | | | | | |
|---|--|---|---|----|----|----|----|
| 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;">400168764</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>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>05-123-15240-00</u> | | 6. County: <u>WELD</u> | | | | | |
| 7. Well Name: <u>LANSONS FARM/NAV/</u> | | Well Number: <u>3</u> | | | | | |
| 8. Location: QtrQtr: <u>NESW</u> | Section: <u>35</u> | Township: <u>2N</u> | Range: <u>68W</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>05/30/2009</u> | | Date of First Production this formation: <u>08/11/2009</u> | | | | | |
| Perforations Top: <u>7374</u> | Bottom: <u>8152</u> | No. Holes: <u>242</u> | Hole size: <u>0.42</u> | | | | |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | | | | | |
| JSND COMMINGLE | | | | | | | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Test Information: | | | | | | | |
| Date: <u>05/21/2011</u> | Hours: <u>24</u> | Bbls oil: <u>2</u> | Mcf Gas: <u>31</u> Bbls H2O: <u>0</u> | | | | |
| Calculated 24 hour rate: | | Bbls oil: <u>2</u> | Mcf Gas: <u>31</u> Bbls H2O: <u>0</u> GOR: <u>15500</u> | | | | |
| Test Method: <u>FLOWING</u> | Casing PSI: <u>287</u> | Tubing PSI: <u>257</u> | Choke Size: _____ | | | | |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u> | BTU Gas: <u>1314</u> | API Gravity Oil: <u>50</u> | | | | |
| Tubing Size: <u>22 + 3/8</u> | Tubing Setting Depth: <u>8112</u> | Tbg setting date: <u>05/30/2009</u> | 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: _____ | | | | | |

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

| | | | | | |
|--|-----------------------------|---|---|-----------------------|------------|
| FORMATION: <u>J SAND</u> | | | Status: <u>PRODUCING</u> | | |
| Treatment Date: <u>05/30/2009</u> | | Date of First Production this formation: <u>01/28/1992</u> | | | |
| Perforations | Top: <u>8126</u> | Bottom: <u>8152</u> | No. Holes: <u>208</u> | Hole size: <u>0.5</u> | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| <div>REMOVED SAND PLUG THAT WAS SET ON 12/12/2004 @ 8303'.</div> | | | | | |
| 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: <div></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: _____ | | | |

Comment:

NO CHOKE.

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: 5/25/2011 Email CARA.MAHLER@ANADARKO.COM

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400168764 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)