


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>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">400170472</div>				
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>05-123-20616-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>FARNSWORTH</u>		Well Number: <u>9-18A</u>					
8. Location: QtrQtr: <u>NESE</u>	Section: <u>18</u>	Township: <u>2N</u>	Range: <u>67W</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>05/17/2011</u>		Date of First Production this formation: <u>05/24/2011</u>					
Perforations Top: <u>7294</u>	Bottom: <u>7982</u>	No. Holes: <u>198</u>	Hole size: <u>0.42</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
REMOVED SAND PLUG SET @ 7902'.							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>05/28/2011</u>	Hours: <u>24</u>	Bbls oil: <u>9</u>	Mcf Gas: <u>79</u>				
Calculated 24 hour rate:		Bbls oil: <u>9</u>	Mcf Gas: <u>79</u>				
Test Method: <u>FLOWING</u>		Casing PSI: <u>417</u>	Tubing PSI: _____				
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1163</u>				
Tubing Size: _____		Tubing Setting Depth: _____	Tbg setting date: _____				
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>05/17/2011</u>		Date of First Production this formation: <u>04/17/2002</u>		
Perforations	Top: <u>7931</u>	Bottom: <u>7982</u>	No. Holes: <u>102</u>	Hole size: <u>0.45</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">REMOVED SAND PLUG SET @ 7902'</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 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: _____		

Comment: _____ <div style="border: 1px solid black; padding: 2px;">NO CHOKE.</div>

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.			
Signed: _____		Print Name: <u>CARA MAHLER</u>	
Title: <u>REGULATORY ANALYST 1</u>	Date: <u>5/31/2011</u>	Email <u>CARA.MAHLER@ANADARKO.COM</u>	

Attachment Check List

Att Doc Num	Name
400170472	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)