

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



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Document Number:
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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: 47120 4. Contact Name: CARA MAHLER
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029
 3. Address: P O BOX 173779 Fax: (720) 929-7029
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-29152-00 6. County: WELD
 7. Well Name: LUDWIG Well Number: 13-1
 8. Location: QtrQtr: SWSW Section: 1 Township: 3N Range: 66W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
 Treatment Date: 01/13/2009 Date of First Production this formation: 01/16/2009
 Perforations Top: 7854 Bottom: 9756 No. Holes: 5 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
WELL FRAC'D THRU SLOTTED LINER BETWEEN 7854'-9756'
410,000 GALS SW & 686,000 GALS SILVERSTIM & 1,440,000 LBS 20/40 SAND & 140,000 LBS 20/40 EXCEL SAND.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 03/11/2009 Hours: 24 Bbls oil: 34 Mcf Gas: 855 Bbls H2O: 0
 Calculated 24 hour rate: _____ Bbls oil: 34 Mcf Gas: 855 Bbls H2O: 0 GOR: 25147
 Test Method: FLOWING Casing PSI: 420 Tubing PSI: _____ Choke Size: 16/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1222 API Gravity Oil: 51
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
 Reason for Non-Production: _____
 Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:
HORIZONTAL WELL. SLOTTED LINER. No. of Holes is the amount of stages.

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: _____ Email CARA.MAHLER@ANADARKO.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)