

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		DE ET OE ES
COMPLETED INTERVAL REPORT			Document Number: 400155031
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>05-123-31766-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>WINTER</u>	Well Number: <u>24-19</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>19</u> Township: <u>6N</u> Range: <u>64W</u> Meridian: <u>6</u>	
9. Field Name: <u>GREELEY</u>	Field Code: <u>32760</u>

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>03/10/2011</u>	Date of First Production this formation: <u>03/25/2011</u>
Perforations Top: <u>6984</u> Bottom: <u>7312</u>	No. Holes: <u>164</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>

NB Perf 6984-7312 Holes 100 Size 0.42 CD Perf 7296-7312 Holes 64 Size 0.38
 Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 244,203 gal Slickwater w/ 201,280# 40/70, 4,000# SB Excel
 Frac Codell down 4-1/2" Csg w/ 205,062 gal Slickwater w/ 150,240# 40/70, 4,000# SB Excel

This formation is commingled with another formation: Yes No

Test Information:

Date: <u>04/18/2011</u>	Hours: <u>24</u>	Bbls oil: <u>194</u>	Mcf Gas: <u>237</u>	Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>194</u>	Mcf Gas: <u>237</u>	Bbls H2O: <u>0</u> GOR: <u>1222</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1862</u>	Tubing PSI: <u>1339</u>	Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1279</u>	API Gravity Oil: <u>55</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7272</u>	Tbg setting date: <u>04/04/2011</u>	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:

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: 4/19/2011 Email Cindy.Vue@anadarko.com
:

Attachment Check List

Att Doc Num	Name
400155031	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)