

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:

400180777

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-</u>	

5. API Number <u>05-123-32099-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>BADDING</u>	Well Number: <u>24-35</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>35</u> Township: <u>2N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: <u>J-NIOBRARA-CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>05/13/2011</u>	Date of First Production this formation: <u>06/09/2011</u>
Perforations Top: <u>7658</u> Bottom: <u>8301</u>	No. Holes: <u>176</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>NB PERF 7658-7720 HOLES 60 SIZE 0.42</u> <u>CD PERF 7828-7842 HOLES 56 SIZE 0.42</u> <u>J S PERF 8274-8301 HOLES 60 SIZE 0.44</u>	
This formation is commingled with another formation:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Test Information:	
Date: <u>06/13/2011</u> Hours: <u>24</u> Bbls oil: <u>75</u> Mcf Gas: <u>85</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate:	Bbls oil: <u>75</u> Mcf Gas: <u>85</u> Bbls H2O: <u>0</u> GOR: <u>1133</u>
Test Method: <u>FLOWING</u> Casing PSI: <u>1560</u> Tubing PSI: _____	Choke Size: <u>12/64</u>
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1166</u> API Gravity Oil: <u>40</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: _____

FORMATION: J SAND Status: PRODUCING

Treatment Date: 05/13/2011 Date of First Production this formation: 06/09/2011

Perforations Top: 8274 Bottom: 8301 No. Holes: 60 Hole size: 0.44

Provide a brief summary of the formation treatment: _____ Open Hole:

J S PERF 8274-8301 HOLES 60 SIZE 0.44
Frac J-Sand down 4-1/2" Csg w/ 147,924 gal Slickwater w/ 117,460# 40/70, 4,000# SB Excel

This formation is commingled with another formation: Yes 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: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/31/2011 Date of First Production this formation: 06/09/2011

Perforations Top: 7658 Bottom: 7842 No. Holes: 116 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole:

NB PERF 7658-7720 HOLES 60 SIZE 0.42 CD PERF 7828-7842 HOLES 56 SIZE 0.42
Frac Niobrara C down 4-1/2" Csg w/ 250 gal 15% HCl & 256,622 gal Slickwater w/ 201,220# 40/70, 4,000# SB Excel
Frac Codell down 4-1/2" Csg w/ 209,775 gal Slickwater w/ 150,400# 40/70, 4,000# SB Excel

This formation is commingled with another formation: Yes 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: 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: _____ Email Cindy.Vue@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)