

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

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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: Cindy Vue
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
Phone: (720) 929-6832
3. Address: P O BOX 173779
Fax: (720) 929-7832
City: DENVER State: CO Zip: 80217-

5. API Number 05-123-32612-00
6. County: WELD
7. Well Name: REIGLE Well Number: 25-4
8. Location: QtrQtr: SENW Section: 4 Township: 2N Range: 65W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/09/2011 Date of First Production this formation: 06/13/2011
Perforations Top: 7066 Bottom: 7252 No. Holes: 126 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole: [ ]

NB PERF 7066-7164 HOLES 62 SIZE 0.42 CD PERF 7236-7252 HOLES 64 SIZE 0.38
Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 246,876 gal Slickwater w/ 200,940# 40/70, 4,160# SB Excel.
Frac Codell down 4-1/2" Csg w/ 205,716 gal Slickwater w/ 150,080# 40/70, 4,200# SB Excel.

This formation is commingled with another formation: [ ] Yes [X] No

Test Information:

Date: 06/13/2011 Hours: 24 Bbls oil: 60 Mcf Gas: 35 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 60 Mcf Gas: 35 Bbls H2O: 0 GOR: 583
Test Method: FLOWING Casing PSI: 1520 Tubing PSI: Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1224 API Gravity Oil: 45
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**

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

Total: 0 comment(s)