

FORM 5A Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns 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 City: DENVER State: CO Zip: 80217-37 Fax: (720) 929-7832

5. API Number 05-123-13808-00 6. County: WELD
7. Well Name: DINNER UP Well Number: 1-13
8. Location: QtrQtr: NENE Section: 13 Township: 4N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED
Treatment Date: 04/05/2010 Date of First Production this formation: 04/09/2010
Perforations Top: 7170 Bottom: 7186 No. Holes: 48 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole: []
Set bridge plug @ 7122' on 3/2/10 over Codell for Niobrara recomplate.
Removed bridge plug 4/5/10.
Commingled Codell with Niobrara on 4/9/10.
This formation is commingled with another formation: [X] 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:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>04/05/2010</u>	Date of First Production this formation: <u>04/09/2010</u>
Perforations Top: <u>6876</u> Bottom: <u>7186</u>	No. Holes: <u>120</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Release RBP over Codell. Land tbg @ 7156'. Commingle well.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>04/20/2010</u> Hours: <u>24</u> Bbls oil: <u>1</u> Mcf Gas: <u>160</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>1</u> Mcf Gas: <u>160</u> Bbls H2O: <u>0</u> GOR: <u>16000</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1450</u> Tubing PSI: _____ Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1210</u> API Gravity Oil: <u>64</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7156</u> Tbg setting date: <u>04/05/2010</u> 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: <u>NIOBRARA</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>04/09/2010</u>	Date of First Production this formation: <u>04/09/2010</u>
Perforations Top: <u>6876</u> Bottom: <u>7070</u>	No. Holes: <u>72</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Commingle with Codell formation on 4/9/2010.</u>	
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: _____	
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:
The well Dinner Up 1-13 API 123-13808 is on the Kerr-McGee OG #47120 Delinquency List for missing CODL reports from 08/2001 forward. This Form 5A is the most up to date on all producing formations. Thank you.

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: 6/15/2011 Email Cindy.Vue@anadarko.com
:

Attachment Check List

Att Doc Num	Name
400175309	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)