

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

Document Number: 400176516

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 05-123-31688-00 6. County: WELD
7. Well Name: HIGHWAY 160 Well Number: 8-2S
8. Location: QtrQtr: SWNE Section: 2 Township: 1N Range: 66W Meridian: 6
9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: SUSSEX Status: PRODUCING
Treatment Date: 01/05/2011 Date of First Production this formation: 05/16/2011
Perforations Top: 4972 Bottom: 4994 No. Holes: 44 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole: [ ]
Frac Sussex down 4-1/2" Csg w/ 20,328 gal MavFoam N2 w/ 183,080# 16/30, 20,000# 16/30
This formation is commingled with another formation: [ ] Yes [X] No
Test Information:
Date: 05/17/2011 Hours: 24 Bbls oil: 1 Mcf Gas: 46 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 46 Bbls H2O: 0 GOR: 46000
Test Method: FLOWING Casing PSI: 100 Tubing PSI: Choke Size: 22/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1307 API Gravity Oil: 43
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5039 Tbg setting date: 02/10/2011 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: 6/17/2011 Email: Cindy.Vue@anadarko.com

### Attachment Check List

Att Doc Num	Name
400176516	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)