


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="text-align: center; font-weight: bold;">400177070</div>	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.																												
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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: _____																												

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>08/05/2010</u>		Date of First Production this formation: <u>08/12/2010</u>		
Perforations	Top: <u>7180</u>	Bottom: <u>7406</u>	No. Holes: <u>103</u>	Hole size: <u>0.5</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">Release RBP over CODL to commingle well.</div>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Test Information:				
Date: <u>08/12/2010</u>	Hours: <u>24</u>	Bbls oil: <u>40</u>	Mcf Gas: <u>129</u>	Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>40</u>	Mcf Gas: <u>129</u>	Bbls H2O: <u>0</u> GOR: <u>3225</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1200</u>	Tubing PSI: <u>600</u>	Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1280</u>	API Gravity Oil: <u>54</u>	
Tubing Size: <u>2 + 1/16</u>	Tubing Setting Depth: <u>7356</u>	Tbg setting date: <u>08/06/2010</u>	Packer Depth: _____	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>				
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>08/12/2010</u>		Date of First Production this formation: <u>08/12/2010</u>		
Perforations	Top: <u>7180</u>	Bottom: <u>7280</u>	No. Holes: <u>93</u>	Hole size: <u>0.5</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">1/25/1995-NB Perfs 7180-7184 Holes 5 Size 0.31 3/19/2010-NB Perfs 7176-7280 Holes 88 Size 0.50</div>				
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: _____	
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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:
This well is on the Kerr-McGee OG #47120 Delinquency List for missing CODL production since 08/2001. This Form 5A is the most up to date on all formation status'.

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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: 6/20/2011 Email Cindy.Vue@anadarko.com
:

Attachment Check List

Att Doc Num	Name
400177070	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)