

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>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 400177560				
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>80217-37</u>	

5. API Number <u>05-123-15650-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>FORT SAINT VRAIN</u>	Well Number: <u>20</u>
8. Location: QtrQtr: <u>NWSE</u> Section: <u>9</u> Township: <u>3N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>09/02/2010</u>	Date of First Production this formation: <u>07/04/1992</u>
Perforations Top: <u>7098</u> Bottom: <u>7118</u>	No. Holes: <u>70</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>

9/02/10-Release RBP over CODL to commingle well with NBRR production.
 9/10/10-Commingled well with NBRR

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: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/02/2010 Date of First Production this formation: 09/10/2010

Perforations Top: 6838 Bottom: 7118 No. Holes: 114 Hole size: 0.4

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

Release RBP over CODL and commingle well.

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/10/2010 Hours: 24 Bbls oil: 13 Mcf Gas: 33 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 13 Mcf Gas: 33 Bbls H2O: 0 GOR: 2538

Test Method: FLOWING Casing PSI: 1300 Tubing PSI: 1300 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1327 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7053 Tbg setting date: 09/02/2010 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 Status: COMMINGLED

Treatment Date: 09/10/2010 Date of First Production this formation: 08/16/2010

Perforations Top: 6838 Bottom: 6982 No. Holes: 44 Hole size: 0.4

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

Released RBP over CODL and commingled well on 9/10/2010.

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:

This well is on the Kerr-McGee OG #47120 Delinquency List. It lists that the CODL is missing reports from 10/2010 and the NBRR is missing reports from 10/2010.

This Form 5A is the most current. NBRR produced by itself from 8/16/2010 to 9/9/2010. On 9/10/2010 the well went downline with both NBRR and CODL commingled together.

On the COGCC website, the formation "NOT COMPLETED" is not in Kerr-McGee's records. The production given here should represent NBRR/CODL. 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: 6/21/2011 Email Cindy.Vue@anadarko.com
:

Attachment Check List

Att Doc Num	Name
400177560	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)