


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; font-size: 1.2em;">400177560</div>	DE	ET	OE	ES
DE	ET	OE	ES				
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: <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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Test Information:							
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____				
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____				
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: _____					

FORMATION: <u>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>09/02/2010</u>		Date of First Production this formation: <u>09/10/2010</u>			
Perforations	Top: <u>6838</u>	Bottom: <u>7118</u>	No. Holes: <u>114</u>	Hole size: <u>0.4</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Release RBP over CODL and commingle well.					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>09/10/2010</u>	Hours: <u>24</u>	Bbls oil: <u>13</u>	Mcf Gas: <u>33</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>13</u>	Mcf Gas: <u>33</u>	Bbls H2O: <u>0</u>	GOR: <u>2538</u>
Test Method: <u>FLOWING</u>		Casing PSI: <u>1300</u>	Tubing PSI: <u>1300</u>	Choke Size: <u>24/64</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1327</u>	API Gravity Oil: <u>52</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7053</u>	Tbg setting date: <u>09/02/2010</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>09/10/2010</u>		Date of First Production this formation: <u>08/16/2010</u>			
Perforations	Top: <u>6838</u>	Bottom: <u>6982</u>	No. Holes: <u>44</u>	Hole size: <u>0.4</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Released RBP over CODL and commingled well on 9/10/2010.					
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: _____			

<p>Comment:</p> <p>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.</p> <p>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.</p> <p>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.</p>
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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: 6/21/2011 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)