

<b>FORM 5A</b>  Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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				
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  400177802				
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 &amp; 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>05-123-32637-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>DENVER</u>	Well Number: <u>36-18</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>18</u> Township: <u>1N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>03/25/2011</u>	Date of First Production this formation: _____
Perforations Top: <u>8400</u> Bottom: <u>8426</u> No. Holes: <u>36</u> Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment: _____	Open Hole: <input type="checkbox"/>

J S Perf 8400-8426 Holes 36 Size 0.42  
 Frac J-Sand down 4-1/2" Csg w/ 148,722 gal Slickwater w/ 115,200# 40/70, 4,000# SB Excel

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:

5/2/2011 Set sand plug over J Sand from 8200-8454' to remediate casing and also to complete the NB/CD formation.

Date formation Abandoned: 05/02/2011 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_  
 Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 06/06/2011 Date of First Production this formation: 06/09/2011

Perforations Top: 7716 Bottom: 7968 No. Holes: 80 Hole size: 0.41

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

NB Perf 7716-7810 Holes 40 Size 0.41 CD Perf 7948-7968 Holes 40 Size 0.41  
Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 169,472 gal pHaser Hybrid w/ 254,240# 20/40, 4,000# SB Excel  
Frac Codell down 2-7/8" Tbg w/ Pkr ^ Nio w/ 130,916 gal pHaser w/ 224,000# 20/40, 4,000# SB Excel

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 06/10/2011 Hours: 24 Bbls oil: 50 Mcf Gas: 100 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 50 Mcf Gas: 100 Bbls H2O: 0 GOR: 2000

Test Method: FLOWING Casing PSI: 1600 Tubing PSI: 1855 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1238 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7642 Tbg setting date: 05/24/2011 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: 6/22/2011 Email Cindy.Vue@anadarko.com

**Attachment Check List**

Att Doc Num	Name
400177802	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)