


<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> Document Number:  <div style="border: 1px solid black; padding: 5px; text-align: center;">400180634</div>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>							
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>05-123-32639-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>DENVER</u>		Well Number: <u>10-18</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>					
<u>Completed Interval</u>							
FORMATION: <u>J-NIOBRARA-CODELL</u>		Status: <u>COMMINGLED</u>					
Treatment Date: <u>03/25/2011</u>		Date of First Production this formation: <u>04/29/2011</u>					
Perforations Top: <u>7444</u>	Bottom: <u>8170</u>	No. Holes: <u>160</u>	Hole size: <u>0.42</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
NB PERF 7444-7536 HOLES 56 SIZE 0.42 CD PERF 7680-7700 HOLES 60 SIZE 0.42 J S PERF 8148-8170 HOLES 44 SIZE 0.42							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Test Information:</b>							
Date: <u>04/29/2011</u>	Hours: <u>24</u>	Bbls oil: <u>48</u>	Mcf Gas: <u>44</u> Bbls H2O: <u>0</u>				
Calculated 24 hour rate:		Bbls oil: <u>48</u>	Mcf Gas: <u>44</u> Bbls H2O: <u>0</u> GOR: <u>917</u>				
Test Method: <u>FLOWING</u>	Casing PSI: <u>1350</u>	Tubing PSI: _____	Choke Size: <u>14/64</u>				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1217</u>	API Gravity Oil: <u>48</u>				
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>8122</u>	Tbg setting date: <u>06/16/2011</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>J SAND</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>03/25/2011</u>		Date of First Production this formation: <u>04/29/2011</u>			
Perforations	Top: <u>8148</u>	Bottom: <u>8170</u>	No. Holes: <u>44</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
J S PERF 8148-8170 HOLES 44 SIZE 0.42 Frac J-Sand down 4-1/2" Csg w/ 149,436 gal Slickwater w/ 115,180# 40/70, 4,000# SB Excel					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Test Information:</b>					
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: _____					

FORMATION: <u>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>03/31/2011</u>		Date of First Production this formation: <u>04/29/2011</u>			
Perforations	Top: <u>7444</u>	Bottom: <u>7700</u>	No. Holes: <u>116</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
NB PERF 7444-7536 HOLES 56 SIZE 0.42    CD PERF 7680-7700 HOLES 60 SIZE 0.42 Frac Niobrara B & C down 4-1/2" Csg w/ 235 gal 15% HCl & 244,877 gal Slickwater w/ 200,140# 40/70, 4,000# SB Excel Frac Codell down 4-1/2" Csg w/ 205,170 gal Slickwater w/ 150,080# 40/70, 4,000# SB Excel					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Test Information:</b>					
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: _____					

Comment: _____
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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: 6/30/2011 Email Cindy.Vue@anadarko.com  
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### **Attachment Check List**

Att Doc Num	Name
400180634	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)