

<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:  <div style="text-align: center; border: 1px solid black; padding: 5px;"> <b>400180834</b> </div>				

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>CARA MAHLER</u>
2. Name of Operator: <u>KERR-MCGEE OIL &amp; GAS ONSHORE LP</u>	Phone: <u>(720) 929-6029</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7029</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-37</u>	

5. API Number <u>05-123-21446-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>OCKER</u>	Well Number: <u>3-19a</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>19</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>05/23/2011</u>	Date of First Production this formation: <u>10/23/2003</u>
Perforations Top: <u>7933</u> Bottom: <u>7966</u>	No. Holes: <u>92</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>SAND PLUG SET @ 7712'</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" 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:	
<u>SAND PLUG SET @ 7712'</u>	
Date formation Abandoned: <u>05/23/2011</u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: <u>7712</u> Sacks cement on top: _____	

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

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 06/13/2011 Date of First Production this formation: 06/22/2011

Perforations Top: 7258 Bottom: 7502 No. Holes: 150 Hole size: 0.38

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

NB PERF: 7258-7346 HOLES 96 SIZE .38 CD PERF: 7484-7502 HOLES 54 SIZE .38  
Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 246,668 gal Slickwater w/ 200,260# 40/70, 4,000# SB Excel, 0# .  
Frac Codell down 4-1/2" Csg w/ 192,192 gal Slickwater w/ 150,220# 40/70, 4,000# SB Excel, 0# .

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 06/28/2011 Hours: 24 Bbls oil: 24 Mcf Gas: 15 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 24 Mcf Gas: 15 Bbls H2O: 0 GOR: 1600

Test Method: FLOWING Casing PSI: 1470 Tubing PSI: \_\_\_\_\_ Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1207 API Gravity Oil: 60

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:  
\_\_\_\_\_

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: 6/30/2011 Email CARA.MAHLER@ANADARKO.COM

**Attachment Check List**

Att Doc Num	Name
400180834	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)