

<b>FORM</b> <b>5A</b>  Rev 02/08	<h2 style="margin: 0;">State of Colorado</h2> <h3 style="margin: 0;">Oil and Gas Conservation Commission</h3> <p style="font-size: small; margin: 0;">1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109</p>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">DE</td> <td style="padding: 2px 5px;">ET</td> <td style="padding: 2px 5px;">OE</td> <td style="padding: 2px 5px;">ES</td> </tr> </table>	DE	ET	OE	ES				
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<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <div style="text-align: center; font-weight: bold; font-size: large;">400182584</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.											
<table style="width: 100%;"> <tr> <td style="width: 50%;">1. OGCC Operator Number: <u>47120</u></td> <td style="width: 50%;">4. Contact Name: <u>Cindy Vue</u></td> </tr> <tr> <td>2. Name of Operator: <u>KERR-MCGEE OIL &amp; GAS ONSHORE LP</u></td> <td>Phone: <u>(720) 929-6832</u></td> </tr> <tr> <td>3. Address: <u>P O BOX 173779</u></td> <td>Fax: <u>(720) 929-7832</u></td> </tr> <tr> <td>City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-37</u></td> <td></td> </tr> </table>				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>	
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Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
<div style="border: 1px solid black; padding: 2px;">Frac J-Sand down 4-1/2" Csg w/ 147,185 gal Slickwater w/ 115,960# 40/70, 4,000# SuperLC</div>											
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
<b>Test Information:</b>											
<table style="width: 100%;"> <tr> <td>Date: <u>06/18/2011</u></td> <td>Hours: <u>24</u></td> <td>Bbls oil: <u>9</u></td> <td>Mcf Gas: <u>215</u></td> <td>Bbls H2O: <u>0</u></td> </tr> </table>				Date: <u>06/18/2011</u>	Hours: <u>24</u>	Bbls oil: <u>9</u>	Mcf Gas: <u>215</u>	Bbls H2O: <u>0</u>			
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Reason for Non-Production: _____ <div style="border: 1px solid black; height: 20px; width: 100%;"></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: _____											
Comment: _____ <div style="border: 1px solid black; height: 20px; width: 100%;"></div>											
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.  <table style="width: 100%;"> <tr> <td style="width: 50%;">Signed: _____</td> <td style="width: 50%;">Print Name: <u>Cindy Vue</u></td> </tr> </table>				Signed: _____	Print Name: <u>Cindy Vue</u>						
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**Attachment Check List**

Att Doc Num	Name
400182584	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)