


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>	DE	ET	OE	ES				
DE	ET	OE	ES								
COMPLETED INTERVAL REPORT			Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">400180573</div>								
<p>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.</p>											
<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 & 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 & 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>	
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>											
<table style="width: 100%;"> <tr> <td style="width: 50%;">5. API Number <u>05-123-32111-00</u></td> <td style="width: 50%;">6. County: <u>WELD</u></td> </tr> <tr> <td>7. Well Name: <u>GEIB</u></td> <td>Well Number: <u>41-26</u></td> </tr> <tr> <td>8. Location: QtrQtr: <u>NENE</u> Section: <u>26</u> Township: <u>5N</u> Range: <u>65W</u> Meridian: <u>6</u></td> <td></td> </tr> <tr> <td>9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u></td> <td></td> </tr> </table>				5. API Number <u>05-123-32111-00</u>	6. County: <u>WELD</u>	7. Well Name: <u>GEIB</u>	Well Number: <u>41-26</u>	8. Location: QtrQtr: <u>NENE</u> Section: <u>26</u> Township: <u>5N</u> Range: <u>65W</u> Meridian: <u>6</u>		9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	
5. API Number <u>05-123-32111-00</u>	6. County: <u>WELD</u>										
7. Well Name: <u>GEIB</u>	Well Number: <u>41-26</u>										
8. Location: QtrQtr: <u>NENE</u> Section: <u>26</u> Township: <u>5N</u> Range: <u>65W</u> Meridian: <u>6</u>											
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>											
<u>Completed Interval</u>											
<table style="width: 100%;"> <tr> <td style="width: 60%;">FORMATION: <u>NIOBRARA-CODELL</u></td> <td style="width: 40%;">Status: <u>PRODUCING</u></td> </tr> </table>				FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>						
FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>										
<table style="width: 100%;"> <tr> <td style="width: 40%;">Treatment Date: <u>04/11/2011</u></td> <td style="width: 60%;">Date of First Production this formation: <u>04/26/2011</u></td> </tr> </table>				Treatment Date: <u>04/11/2011</u>	Date of First Production this formation: <u>04/26/2011</u>						
Treatment Date: <u>04/11/2011</u>	Date of First Production this formation: <u>04/26/2011</u>										
<table style="width: 100%;"> <tr> <td style="width: 25%;">Perforations Top: <u>6860</u></td> <td style="width: 25%;">Bottom: <u>7078</u></td> <td style="width: 25%;">No. Holes: <u>124</u></td> <td style="width: 25%;">Hole size: <u>0.42</u></td> </tr> </table>				Perforations Top: <u>6860</u>	Bottom: <u>7078</u>	No. Holes: <u>124</u>	Hole size: <u>0.42</u>				
Perforations Top: <u>6860</u>	Bottom: <u>7078</u>	No. Holes: <u>124</u>	Hole size: <u>0.42</u>								
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
NB PERF 6860-6964 HOLES 64 SIZE 0.42 CD PERF 7063-7078 HOLES 60 SIZE 0.42 Frac Niobrara A & B down 4-1/2" Csg w/ 250 gal 15% HCl & 231,599 gal Slickwater w/ 45,340# 40/70, 4,460# SB Excel Frac Codell down 4-1/2" Csg w/ 188,510 gal Slickwater w/ 34,580# 40/70, 4,000# SB Excel											
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Test Information:											
<table style="width: 100%;"> <tr> <td>Date: <u>04/28/2011</u></td> <td>Hours: <u>24</u></td> <td>Bbls oil: <u>100</u></td> <td>Mcf Gas: <u>200</u></td> <td>Bbls H2O: <u>0</u></td> </tr> </table>				Date: <u>04/28/2011</u>	Hours: <u>24</u>	Bbls oil: <u>100</u>	Mcf Gas: <u>200</u>	Bbls H2O: <u>0</u>			
Date: <u>04/28/2011</u>	Hours: <u>24</u>	Bbls oil: <u>100</u>	Mcf Gas: <u>200</u>	Bbls H2O: <u>0</u>							
<table style="width: 100%;"> <tr> <td>Calculated 24 hour rate:</td> <td>Bbls oil: <u>100</u></td> <td>Mcf Gas: <u>200</u></td> <td>Bbls H2O: <u>0</u></td> <td>GOR: <u>2000</u></td> </tr> </table>				Calculated 24 hour rate:	Bbls oil: <u>100</u>	Mcf Gas: <u>200</u>	Bbls H2O: <u>0</u>	GOR: <u>2000</u>			
Calculated 24 hour rate:	Bbls oil: <u>100</u>	Mcf Gas: <u>200</u>	Bbls H2O: <u>0</u>	GOR: <u>2000</u>							
<table style="width: 100%;"> <tr> <td>Test Method: <u>FLOWING</u></td> <td>Casing PSI: <u>3000</u></td> <td>Tubing PSI: _____</td> <td>Choke Size: <u>10/64</u></td> </tr> </table>				Test Method: <u>FLOWING</u>	Casing PSI: <u>3000</u>	Tubing PSI: _____	Choke Size: <u>10/64</u>				
Test Method: <u>FLOWING</u>	Casing PSI: <u>3000</u>	Tubing PSI: _____	Choke Size: <u>10/64</u>								
<table style="width: 100%;"> <tr> <td>Gas Disposition: <u>SOLD</u></td> <td>Gas Type: <u>WET</u></td> <td>BTU Gas: <u>1289</u></td> <td>API Gravity Oil: <u>59</u></td> </tr> </table>				Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1289</u>	API Gravity Oil: <u>59</u>				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1289</u>	API Gravity Oil: <u>59</u>								
<table style="width: 100%;"> <tr> <td>Tubing Size: <u>2 + 3/8</u></td> <td>Tubing Setting Depth: <u>6950</u></td> <td>Tbg setting date: <u>05/26/2011</u></td> <td>Packer Depth: _____</td> </tr> </table>				Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6950</u>	Tbg setting date: <u>05/26/2011</u>	Packer Depth: _____				
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6950</u>	Tbg setting date: <u>05/26/2011</u>	Packer Depth: _____								
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>											

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
:

Attachment Check List

Att Doc Num	Name
400180573	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)