

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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COMPLETED INTERVAL REPORT

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: 47120
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-
4. Contact Name: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-32399-00
6. County: WELD
7. Well Name: PIERSON
Well Number: 21-34
8. Location: QtrQtr: NWNE Section: 34 Township: 4N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: PRODUCING
Treatment Date: 06/06/2011 Date of First Production this formation: 06/16/2011
Perforations Top: 7742 Bottom: 7794 No. Holes: 56 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole: []
Frac J-Sand down 4-1/2" Csg w/ 148,693 gal Slickwater w/ 115,940# 40/70, 4,000# SuperLC
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 06/18/2011 Hours: 24 Bbls oil: 1 Mcf Gas: 17 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 17 Bbls H2O: 0 GOR: 17000
Test Method: FLOWING Casing PSI: 1000 Tubing PSI: Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1231 API Gravity Oil: 66
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7732 Tbg setting date: 06/21/2011 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: 7/19/2011 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Name
400186551	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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