

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



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COMPLETED INTERVAL REPORT

Document Number:
400185703

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 & 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-</u>	

5. API Number <u>05-123-32634-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>DENVER</u>	Well Number: <u>15-18</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>	

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 04/13/2011 Date of First Production this formation: 07/08/2011

Perforations Top: 8136 Bottom: 8156 No. Holes: 40 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole:

J S PERF 8136-8156 HOLES 40 SIZE 0.42
Frac J-Sand down 4-1/2" Csg w/ 149,142 gal Slickwater w/ 115,460# 40/70, 4,000# SB Excel

This formation is commingled with another formation: Yes No

Test Information:

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: SOLD Gas Type: WET BTU Gas: _____ API Gravity Oil: _____

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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/02/2011 Date of First Production this formation: 06/21/2011

Perforations Top: 7430 Bottom: 7684 No. Holes: 100 Hole size: 0.38

Provide a brief summary of the formation treatment: _____ Open Hole:

NB PERF 7430-7522 HOLES 40 SIZE 0.38 CD PERF 7664-7684 HOLES 60 SIZE 0.38
Frac NB down 2 7/8" w/250 gal 15% HCl and 256,158 gal SW containing 208,820# 40/70 sand and 8000# 20/40 SB Excel
Frac CD down 2 7/8" w/200,592 gal SW containing 142,060# 40/70 sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/22/2011 Hours: 24 Bbls oil: 15 Mcf Gas: 100 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 15 Mcf Gas: 100 Bbls H2O: 0 GOR: 6617

Test Method: FLOWING Casing PSI: 1350 Tubing PSI: 900 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1238 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8106 Tbg setting date: 07/01/2011 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: 7/15/2011

Email Cindy.Vue@anadarko.com

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Attachment Check List

Att Doc Num	Name
400185703	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)