

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 with 4 columns: DE, ET, OE, ES

Document Number: 400196331

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: CARA MAHLER
Phone: (720) 929-6029
Fax: (720) 929-7029

5. API Number 05-123-22047-00
6. County: WELD
7. Well Name: VAN PORTFLIET
Well Number: 14-10
8. Location: QtrQtr: SESW Section: 10 Township: 2N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 07/15/2011 Date of First Production this formation: 07/28/2011

Perforations Top: 6943 Bottom: 7202 No. Holes: 123 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole: []

CDL REPERF (7/5/2011) 7188-7200 HOLES 24 SIZE .38
Re-Frac Codell down 4-1/2" Csg w/ 268,283 gal Slickwater w/ 207,900# 40/70, 4,000# SuperLC

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 08/12/2011 Hours: 24 Bbls oil: 7 Mcf Gas: 47 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 7 Mcf Gas: 47 Bbls H2O: 0 GOR: 6714

Test Method: FLOWING Casing PSI: 616 Tubing PSI: 508 Choke Size:

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1216 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7171 Tbg setting date: 07/22/2011 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: NO CHOKE

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: 8/16/2011 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400196331	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)