

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number: 400199691

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 05-123-23669-00
6. County: WELD
7. Well Name: MORNING FRESH
Well Number: 21-22
8. Location: QtrQtr: SENW Section: 22 Township: 3N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 08/05/2011 Date of First Production this formation: 08/10/2011
Perforations Top: 7280 Bottom: 7572 No. Holes: 180 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole:
CDL REPERF (7/29/2011) 7556-7572 HOLES 16 SIZE .38
Re-Frac Codell down 4-1/2" Csg w/ 269,388 gal Slickwater w/ 207,320# 40/70, 4,000# SB Excel.

This formation is commingled with another formation: Yes No
Test Information:
Date: 08/22/2011 Hours: 24 Bbls oil: 13 Mcf Gas: 288 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 13 Mcf Gas: 288 Bbls H2O: 0 GOR: 22154
Test Method: FLOWING Casing PSI: 2250 Tubing PSI: Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1271 API Gravity Oil: 60
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:

Comment:

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: 8/25/2011 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400199691 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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