

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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Document Number:

400205879

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 4. Contact Name: CARA MAHLER
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029
 3. Address: P O BOX 173779 Fax: (720) 929-7029
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-21509-00 6. County: WELD
 7. Well Name: SPARBOE Well Number: 9-35A
 8. Location: QtrQtr: NESE Section: 35 Township: 2N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/11/2011 Date of First Production this formation: 06/23/2009

Perforations Top: 6879 Bottom: 7217 No. Holes: 121 Hole size: 0.42

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

Re-Frac Codell down 4-1/2" Csg w/ 263,340 gal Slickwater w/ 207,640# 40/70, 4,000# SB Excel, 0# .

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/04/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 8 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 8 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1093 Tubing PSI: 1097 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1192 API Gravity Oil: 45

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7180 Tbg setting date: 08/19/2011 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: 9/15/2011 Email CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400205879	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)