

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:

400206631

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: <u>47120</u>	4. Contact Name: <u>CARA MAHLER</u>
2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6029</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7029</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	

5. API Number <u>05-123-21337-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>WHEELER</u>	Well Number: <u>1-21A</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>21</u> Township: <u>2N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>08/23/2011</u>	Date of First Production this formation: <u>03/21/2008</u>
Perforations Top: <u>7242</u> Bottom: <u>7487</u> No. Holes: <u>130</u> Hole size: <u>0.38</u>	
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Re-Frac Codell down 4-1/2" Csg w/ 265,780 gal Slickwater w/ 207,600# 40/70, 4,000# SB Excel.</u>	
This formation is commingled with another formation:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Test Information:	
Date: <u>09/17/2011</u> Hours: <u>24</u> Bbls oil: <u>7</u> Mcf Gas: <u>72</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>7</u> Mcf Gas: <u>72</u> Bbls H2O: <u>0</u> GOR: <u>10286</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1250</u> Tubing PSI: <u>682</u> Choke Size: <u>28/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1303</u> API Gravity Oil: <u>40</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7445</u> Tbg setting date: <u>08/25/2011</u> Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 9/19/2011 Email CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400206631	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)