

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number:

400207134

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 05-123-22353-00
6. County: WELD
7. Well Name: PENTON
Well Number: 23-11
8. Location: QtrQtr: NESW Section: 11 Township: 3N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/30/2011 Date of First Production this formation: 06/18/2009

Perforations Top: 7070 Bottom: 7376 No. Holes: 194 Hole size: 0.38

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

Re-Frac Codell down 4-1/2" Csg w/ 272,672 gal Slickwater w/ 207,500# 40/70, 4,000# SuperLC.

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

Test Information:

Date: 09/17/2011 Hours: 24 Bbls oil: 3 Mcf Gas: 293 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 3 Mcf Gas: 293 Bbls H2O: 0 GOR: 97666

Test Method: FLOWING Casing PSI: 1035 Tubing PSI: Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1223 API Gravity Oil: 63

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: 9/21/2011 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|-------------------|
| 400207134 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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