<table>
<tr><td>FORM
5A

Rev
02/08</td><td colspan="2">

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109

COMPLETED INTERVAL REPORT

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DE	ET	OE	ES

Document Number:

400218534

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.

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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

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5. API Number   05-123-19720-00

7. Well Name: HSR-RICHARDSON

8. Location: QtrQtr: NESE   Section: 34   Township: 3N   Range: 67W   Meridian: 6

9. Field Name: WATTENBERG   Field Code: 90750

6. County: WELD

   Well Number: 9-34A

Completed Interval

FORMATION: J SAND   Status: TEMPORARILY ABANDONED

Treatment Date: 09/21/2011   Date of First Production this formation: 09/29/1999

Perforations   Top: 7805   Bottom: 7854   No. Holes: 88   Hole size: 0.38

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

SET SAND PLUG @ 7602-7812

This formation is commingled with another formation: ☐ Yes   ☒ No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

SET SAND PLUG @ 7602-7812

Date formation Abandoned: 09/21/2011   Squeeze: ☐ Yes ☐ No   If yes, number of sacks cmt _____

Bridge Plug Depth: 7812   Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL   Status: PRODUCING

Treatment Date: 10/07/2011   Date of First Production this formation: 10/14/2011

Perforations   Top: 7158   Bottom: 7854   No. Holes: 202   Hole size: 0.38

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

CDL PERF 7362-7380 HOLES 54 SIZE .38   NB PERF 7158-7234 HOLES 60 SIZE .38
Frac Codell down 4-1/2" Csg w/ 204,708 gal Slickwater w/ 150,040# 40/70, 4,680# SuperLC.
Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 250,740 gal Slickwater w/ 201,100# 40/70, 4,140# SuperLC.

This formation is commingled with another formation: ☐ Yes   ☒ No

Test Information:

Date: 10/19/2011   Hours: 24   Bbls oil: 0   Mcf Gas: 382   Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0   Mcf Gas: 382   Bbls H2O: 0   GOR: 0

Test Method: FLOWING   Casing PSI: 1700   Tubing PSI: _____   Choke Size: 10/64

Gas Disposition: SOLD   Gas Type: WET   BTU Gas: 1232   API Gravity Oil: 44

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: 10/27/2011   Email : CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400218534	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)