

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:

400225609

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 05-123-21855-00 6. County: WELD
7. Well Name: MCDONALD Well Number: 1-4
8. Location: QtrQtr: NENE Section: 4 Township: 3N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>10/19/2011</u>		Date of First Production this formation: <u>10/31/2011</u>	
Perforations	Top: <u>6908</u> Bottom: <u>7165</u>	No. Holes: <u>124</u>	Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>CDL REPERF (10/7/2011) 7147-7165 HOLES 18 SIZE .38</u> <u>Tri-Frac Codell down 4-1/2" Csg w/ 265,818 gal Slickwater w/ 207,660# 40/70, 4,060# SuperLC.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>11/13/2011</u>	Hours: <u>24</u>	Bbls oil: <u>5</u>	Mcf Gas: <u>29</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>5</u>	Mcf Gas: <u>29</u> Bbls H2O: <u>0</u> GOR: <u>5800</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>971</u>	Tubing PSI: <u></u>	Choke Size: <u></u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1316</u>	API Gravity Oil: <u>56</u>
Tubing Size: <u></u>	Tubing Setting Depth: <u></u>	Tbg setting date: <u></u>	Packer Depth: <u></u>
Reason for Non-Production: <u></u>			
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>			
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>			

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: 11/18/2011 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400225609	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)