

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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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 05-123-33826-00
6. County: WELD
7. Well Name: ROWE Well Number: 13N-27HZ
8. Location: QtrQtr: NENE Section: 27 Township: 1N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 10/03/2011 Date of First Production this formation: 10/16/2011

Perforations Top: _____ Bottom: _____ No. Holes: _____ Hole size: _____

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

FRAC'D THRU OPEN HOLE LINER BETWEEN 7913-11929.
AVG TREATING PRESSURE 5821, AVG RATE 62.5, TOTAL BBL FLUID 99320, TOTAL SAND WEIGHT 208000.

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/18/2011 Hours: 24 Bbls oil: 112 Mcf Gas: 88 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 112 Mcf Gas: 88 Bbls H2O: 0 GOR: 786

Test Method: FLOWING Casing PSI: 1100 Tubing PSI: _____ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 114 API Gravity Oil: 40

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: _____ Email CARA.MAHLER@ANADARKO.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)