

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



DE ET OE ES

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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: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-31023-00
6. County: WELD
7. Well Name: DRY CREEK
Well Number: 13-35
8. Location: QtrQtr: NWSW Section: 35 Township: 1N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: SUSSEX Status: PRODUCING

Treatment Date: 04/06/2011 Date of First Production this formation: 04/18/2011
Perforations Top: 5083 Bottom: 5155 No. Holes: 52 Hole size: 0.42

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

SX PERF 5083-5155 HOLES 52 SIZE 0.42
Frac Sussex down 4-1/2" Csg w/ 19,152 gal Lightning N2 w/ 180,360# 16/30, 20,040# SB Excel

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/28/2011 Hours: 24 Bbls oil: 11 Mcf Gas: 28 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 11 Mcf Gas: 28 Bbls H2O: 0 GOR: 2545
Test Method: FLOWING Casing PSI: 1517 Tubing PSI: 1116 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1280 API Gravity Oil: 46
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7970 Tbg setting date: 04/13/2011 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:

THIS WELL IS ON THE KERR-MCGEE DELINQUENCY LIST FOR MISSING SUSX(N-COM) REPORTS. THIS FORM 5A REFLECTS THE SUSSEX COMPLETION INFORMATION. THANK YOU.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Cindy Vue

Title: Regulatory Analyst II Date: _____ Email: Cindy.Vue@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)