

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

Document Number:
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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 05-123-34027-00
6. County: WELD
7. Well Name: GOBBLER
Well Number: 1N-23HZ
8. Location: QtrQtr: SESE Section: 23 Township: 2N Range: 66W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 12/22/2012 Date of First Production this formation: 01/07/2012

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

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

FRAC'D THRU AN OPEN HOLE LINER BETWEEN 7794-11719. AVG TREATING PRESSURE 4839, AVG RATE 55.16, TOTAL BBL FLUID 73332, TOTAL SAND WEIGHT 3426190.

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/08/2012 Hours: 24 Bbls oil: 130 Mcf Gas: 90 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 130 Mcf Gas: 90 Bbls H2O: 0 GOR: 692

Test Method: FLOWING Casing PSI: 1225 Tubing PSI: Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1358 API Gravity Oil: 43

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)