

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Date Received:

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: JOEL MALEFYT
Phone: (720) 9296828
Fax: (720) 9297828

5. API Number 05-123-33203-00
6. County: WELD
7. Well Name: FEHRN
Well Number: 7-32SX
8. Location: QtrQtr: SENE Section: 32 Township: 2N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: SUSSEX Status: PRODUCING

Treatment Date: 03/13/2012 Date of First Production this formation: 04/04/2012

Perforations Top: 4740 Bottom: 4848 No. Holes: 52 Hole size: 0.38

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

SUSX PERF 4740-4848 HOLES 52 SIZE .38
Frac SUSX down 4.5" casing w/ 19,446 gal lightning 70q co2 foam w/ 181,300# 20/40, 20,080# 20/40.
Broke @ 2,761 psi @ 3.3 bpm. ATP=2,758 psi; MTP=3,050 psi; ATR=12.2 bpm; ISDP=1,799 ps

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 04/05/2012 Hours: 24 Bbls oil: 10 Mcf Gas: 25 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 25 Bbls H2O: 0 GOR: 2500

Test Method: FLOWING Casing PSI: 1050 Tubing PSI: 1100 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1266 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4724 Tbg setting date: 03/20/2012 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: JOEL MALEFYT

Title: REGULATORY ANALYST Date: Email: JOEL.MALEFYT@ANADARKO.COM

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

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