

**FORM
5A**
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400281043

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: <u>47120</u>	4. Contact Name: <u>Cindy Vue</u>
2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6832</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7832</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	

5. API Number <u>05-123-30503-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>A&W</u>	Well Number: <u>21-31</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>31</u> Township: <u>4N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 03/29/2012 Date of First Production this formation: 04/05/2012

Perforations Top: 7176 Bottom: 7960 No. Holes: 202 Hole size: 0.38

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

NB PERF 7176-7336 HOLES 62 SIZE 0.42
CD PERF 7452-7472 HOLES 60 SIZE 0.42
J S PERF 7924-7960 HOLES 80 SIZE 0.38

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/25/2012 Hours: 24 Bbls oil: 4 Mcf Gas: 128 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 4 Mcf Gas: 128 Bbls H2O: 0 GOR: 32000

Test Method: FLOWING Casing PSI: 737 Tubing PSI: 532 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1256 API Gravity Oil: 60

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7897 Tbg setting date: 04/03/2012 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: _____

FORMATION: J SAND Status: PRODUCING

Treatment Date: 03/29/2012 Date of First Production this formation: 04/05/2012

Perforations Top: 7924 Bottom: 7960 No. Holes: 80 Hole size: 0.38

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

Frac JSND down 4.5" casing w/ 165,056 gal slickwater w/ 163,020# 40/70, 4,000# 20/40.
Broke @ 1,675 psi @ 4.9 bpm. ATP=3,140 psi; MTP=4,461 psi; ATR=34.2 bpm; ISDP=3,410 psi

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

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