<table>
<tr><td>FORM
5A
Rev
02/08</td><td colspan="2">

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109

COMPLETED INTERVAL REPORT
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DE	ET	OE	ES

Document Number:

400283537

Date Received:

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   05-123-26885-00

7. Well Name: BULTHAUP

8. Location: QtrQtr: SESE   Section: 6   Township: 1N   Range: 68W   Meridian: 6

9. Field Name: _____   Field Code: _____

6. County: WELD

   Well Number: 16-6

Completed Interval

FORMATION: CODELL   Status: COMMINGLED

Treatment Date: 04/05/2012   Date of First Production this formation: 07/20/2009

Perforations   Top: 7762   Bottom: 7782   No. Holes: 60   Hole size: 0.38

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

CD PERF 7762-7782 HOLES 60 SIZE 0.38
4/5/12 -Refrac CODL down 4.5" casing w/ 198,190 gal slickwater w/ 150,080# 40/70, 4,000# 20/40. Broke @ 2,623 psi @ 11.1 bpm.
ATP=4,233 psi; MTP=4,554 psi; ATR=59.3 bpm; ISDP=2,690 psi
4/25/12 -RWTP UP TBG AFTER CD RF

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: _____

FORMATION: NIOBRARA-CODELL   Status: PRODUCING

Treatment Date: 04/05/2012   Date of First Production this formation: 07/20/2009

Perforations   Top: 7410   Bottom: 7782   No. Holes: 126   Hole size: 0.38

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

NB PERF 7410-7644 HOLES 66 SIZE 0.42
CD PERF 7762-7782 HOLES 60 SIZE 0.38
4/5/12 -REFRAC CODELL
4/25/12 -RWTP UP TBG AFTER CD RF

This formation is commingled with another formation: ☐ Yes   ☒ No

Test Information:

Date: 05/03/2012   Hours: 24   Bbls oil: 8   Mcf Gas: 22   Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 8   Mcf Gas: 22   Bbls H2O: 0   GOR: 2750

Test Method: FLOWING   Casing PSI: 1221   Tubing PSI: 1025   Choke Size: 30/64

Gas Disposition: SOLD   Gas Type: WET   BTU Gas: 1192   API Gravity Oil: 50

Tubing Size: 2 + 3/8   Tubing Setting Depth: 7738   Tbg setting date: 04/12/2012   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: Cindy Vue _____

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

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	**Comment**	**Comment Date**

Total: 0 comment(s)