

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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



Table with columns 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 ATTN: PHI
City: DENVER State: CO Zip: 80217-
4. Contact Name: CINDY VUE
Phone: (720) 929-6000
Fax: (720) 929-7461
Email:

5. API Number 05-123-27293-00
6. County: WELD
7. Well Name: ANDERSEN
Well Number: 33-34
8. Location: QtrQtr: SESE Section: 33 Township: 4N Range: 65W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 10/11/2007

Perforations Top: 6932 Bottom: 7228 No. Holes: 106 Hole size: 38/100

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

NBRR PERF 6932 - 7100, HOLES 50, SIZE 0.42 // CODL PERF 7214 - 7228, HOLES 56, SIZE 0.38

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

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/01/2008 Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: 8 Mcf Gas: 176 Bbl H2O: 0 GOR: 22000
Test Method: FLOWING Casing PSI: 289 Tubing PSI: 251 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1223 API Gravity Oil: 64
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7176 Tbg setting date: 12/27/2007 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: ** Wireline and Cement Job Summary must be attached.

Comment:

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

Signed: Y

Print Name: CINDY.VUE

Title: REG ANALYST II

Date: 5/11/2010

Email: CINDY.VUE@ANADARKO.COM

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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment**

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)