

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 4 columns: DE, ET, OE, ES

Document Number: 1667527

Date Received: 04/06/2010

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 05-123-21274-00
6. County: WELD
7. Well Name: ANDERSON
Well Number: 3-34A
8. Location: QtrQtr: NENW Section: 34 Township: 3N Range: 68W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED Treatment Type:
Treatment Date: 02/11/2010 End Date: Date of First Production this formation:
Perforations Top: 7202 Bottom: 7222 No. Holes: 60 Hole size: 45/100

Provide a brief summary of the formation treatment:

Open Hole: [ ]

SET CIBP @ 7170' W/ CMT CAP FOR MECHANICAL INTEGRITY. OUR INTENT IS TO DRILL OUT THE THE CIBP AND CMT CAP TO COMMINGLE THE WELL IN THE NEXT SIX MONTHS.

This formation is commingled with another formation: [X] Yes [ ] 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: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl 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: 7170 \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: PRODUCING Treatment Type:

Treatment Date: 02/11/2010 End Date: Date of First Production this formation: 02/17/2010

Perforations Top: 6950 Bottom: 7081 No. Holes: 64 Hole size: 38/100

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

FRAC W/514 GAL 15% HCL & 242,563 GAL SW W/200,100# 40/70 & 4,000# 20/40 SB EXCEL.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): Max pressure during treatment (psi):

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Min frac gradient (psi/ft):

Total acid used in treatment (bbl): Number of staged intervals:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): Rule 805 green completion techniques were utilized:

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/23/2010 Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: 2 Mcf Gas: 8 Bbl H2O: 0 GOR: 4000

Test Method: FLOWING Casing PSI: 10 Tubing PSI: Choke Size: 22/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1272 API Gravity Oil: 50

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: \*\* 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: REGULATORY ANALYST I Date: 4/6/2010 Email CINDY.VUE@ANADARKO.COM

Attachment Check List

Table with columns Att Doc Num and Name

Total Attach: 0 Files

General Comments

Table with columns User Group, Comment, Comment Date

Total: 0 comment(s)