

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

Document Number: 1906395 Date Received: 05/03/2010

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: MICHAEL NAGEL Phone: (720) 929-6000 Fax: (720) 929-7461 Email:

5. API Number 05-123-29284-00 6. County: WELD 7. Well Name: BREHON Well Number: 18-18 8. Location: QtrQtr: SWNW Section: 18 Township: 4N Range: 65W Meridian: 6 9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: Treatment Date: 04/06/2010 End Date: Date of First Production this formation: 04/21/2010 Perforations Top: 7084 Bottom: 7292 No. Holes: 126 Hole size: 38/100 Provide a brief summary of the formation treatment: Open Hole: 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: 04/25/2010 Hours: Bbl oil: Mcf Gas: Bbl H2O: Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 102 Bbl H2O: 0 GOR: Test Method: FLOWING Casing PSI: 1850 Tubing PSI: Choke Size: 10/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1276 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: MICHAEL.NAGEL

Title: REG ANALYST II

Date: 4/28/2010

Email: MICHAEL.NAGEL@ANADARKO.COM

:

Attachment Check List

Att Doc Num **Name**

--	--

Total Attach: 0 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)