

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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

5. API Number 05-123-30698-00
6. County: WELD
7. Well Name: LUDWIG
Well Number: 30-1
8. Location: QtrQtr: NWNW Section: 1 Township: 3N Range: 66W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type:
Treatment Date: 01/06/2010 End Date: Date of First Production this formation: 01/25/2010
Perforations Top: 7138 Bottom: 7449 No. Holes: 132 Hole size: 42/100
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: 02/08/2010 Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: 40 Mcf Gas: 675 Bbl H2O: GOR: 16875
Test Method: FLOWING Casing PSI: 1660 Tubing PSI: Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1221 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:

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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

Date: 2/10/2010

Email: MICHAEL.NAGEL@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

		Stamp Upon Approval
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Total: 0 comment(s)