

FORM 5A Rev 12/05

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

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.

RECEIVED JAN 21 2009 COGCC

1. OGCC Operator Number 47120
2. Name of Operator: Kerr McGee Oil & Gas Onshore LP
3. Address: 1099 18th Street
City: Denver State: CO Zip: 80202
4. Contact Name: Michael Nagel
Phone: 720-929-6145
Fax: 720-929-7145
5. API Number: 05-123-25727
6. County: WELD
7. Well Name: WATERFRONT/
Well Number: 8-34
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWNE 34-3N-68W 6th PM

Complete the Attachment Checklist

Table with 2 columns: wellbore diagram, OP OGCC

FORMATION: NIOBRARA-CODELL Status: Producing
Treatment Date: Date of First Production this formation: 11/14/2008
Perforations: Top: 7170 Bottom: 7424 No. Holes: 177 Hole Size: 0.38
Provide a brief summary of the formation treatment: Open Hole N
This formation is commingled with another formation N
Test information:
Date: 1/5/2009 Hours: Bbls oil: Mcf Gas: Bbls H2O:
Calculated 24 hour rate: Bbls oil: 38 Mcf Gas: 61 Bbls H2O: 0 GOR: 1,610
Test Method: FLOWING Casing PSI: 2200 Tubing PSI: Choke size: 10/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1320 API Gravity Oil: 52
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production:
Date formation Abandoned: Squeezed Yes No If yes number of sacks cmt
Bridge Plug Depth: Sacks cement on top:

FORMATION: Status:
Treatment Date: Date of First Production this formation:
Perforations: Top: Bottom: No. Holes: Hole Size:
Provide a brief summary of the formation treatment: Open Hole
This formation is commingled with another formation
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: Squeezed Yes No If yes number of sacks cmt
Bridge Plug Depth: Sacks cement on top:

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

Print Name: Michael Nagel E-mail: Michael.Nagel@anadarko.com
Signature: [Handwritten Signature] Title: Regulatory Analyst II Date: 1/6/2009