

FORM  
5A  
Rev 12/05State 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.

DE ☒ ET ☒ OE ☒ ES ☒RECEIVED  
MAR 05 2009  
COGCC

1. OGCC Operator Number <u>47120</u>	4. Contact Name <u>ANDY LYTLE</u>
2. Name of Operator: <u>Kerr McGee Oil &amp; Gas Onshore LP</u>	Phone: <u>720-929-6100</u>
3. Address: <u>1099 18th Street</u>	Fax: <u>720-929-7100</u>
City: <u>Denver</u> State: <u>CO</u> Zip: <u>80202</u>	
5. API Number: <u>05-123-23391</u>	6. County: <u>WELD</u>
7. Well Name: <u>WEICHEL</u>	Well Number: <u>12-14</u>
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NWSW 14-2N-65W 6th PM</u>	

Complete the Attachment  
Checklist

OP OGCC

wellbore diagram		

FORMATION: <u>CODELL-J SAND</u>	Status: <u>COMMINGLED</u>
Treatment Date: _____	Date of First Production this formation: <u>01/12/2009</u>
Perforations: Top: <u>7138</u> ✓ Bottom: <u>7640</u>	No. Holes: <u>138</u> ✓ Hole Size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole <input checked="" type="checkbox"/> N
This formation is commingled with another formation <input checked="" type="checkbox"/> N	
Test information:	
Date: <u>1/25/2009</u> Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____	Bbls oil: <u>4</u> Mcf Gas: <u>34</u> Bbls H2O: _____ GOR: <u>8500</u>
Test Method: <u>FLOWING</u> Casing PSI: <u>813</u>	Tubing PSI: <u>365</u> Choke size: <u>18/64</u>
Gas Disposition: <input checked="" type="checkbox"/> SOLD	Gas Type: <input checked="" type="checkbox"/> WET BTU Gas: <u>1356</u> API Gravity Oil: <u>52</u>
Tubing Size: <u>2.375</u> Tubing Setting Depth: <u>7565'</u>	Tbg setting date: <u>01/02/2009</u> Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____	Squeezed <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/>
This formation is commingled with another formation <input type="checkbox"/>	
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: <input type="checkbox"/>	Gas Type: <input type="checkbox"/> BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____ Tubing Setting Depth: _____	Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____	Squeezed <input type="checkbox"/> Yes <input type="checkbox"/> 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: ANDY LYTLEE-mail: Andrew.lytle@anadarko.comSignature: ASTitle: Regulatory AnalystDate: 2/9/09