

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400089998

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 4. Contact Name: Cindy Vue
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832
 3. Address: P O BOX 173779 Fax: (720) 929-7832
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-22070-00 6. County: WELD
 7. Well Name: BOYLE STATE Well Number: 8-16
 8. Location: QtrQtr: SENE Section: 16 Township: 2N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
 Treatment Date: 08/09/2010 Date of First Production this formation: 08/18/2010
 Perforations Top: 7233 Bottom: 7476 No. Holes: 136 Hole size: 32/100
 Provide a brief summary of the formation treatment: Open Hole:
 NBRR Perf 7233-7322 Holes 82 Size 0.32 CODL Perf 7458-7476 Holes 54 Size 0.32
 Reperf NBRR 7240-7322 Holes 36 Size 0.32.
 Reperf CODL 7458-7476 Holes 18 Size 0.32.
 Refrac NB-CD w/ 448,644 gal SW & 342,520# 40/70 sand & 8,040# SB Excel.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 08/28/2010 Hours: 24 Bbls oil: 17 Mcf Gas: 59 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 17 Mcf Gas: 59 Bbls H2O: 0 GOR: 3471
 Test Method: FLOWING Casing PSI: 835 Tubing PSI: 493 Choke Size: 12/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1282 API Gravity Oil: 49
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7409 Tbg setting date: 08/12/2010 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: _____

Comment:

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

Signed: _____ Print Name: Cindy Vue

Title: Regulatory Analyst II Date: 9/2/2010 Email Cindy.Vue@anadarko.com
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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: *David S. Neslin* Director of COGCC Date: 12/23/2010

Attachment Check List

Att Doc Num	Name
400089998	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)