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| 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 |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table> | DE | ET | OE | ES |
| DE | ET | OE | ES | | | | |
| COMPLETED INTERVAL REPORT | | | Document Number: 400183965 | | | | |
| 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. | | | | | | | |

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|---|-----------------------------------|
| 1. OGCC Operator Number: <u>47120</u> | 4. Contact Name: <u>Cindy Vue</u> |
| 2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u> | Phone: <u>(720) 929-6832</u> |
| 3. Address: <u>P O BOX 173779</u> | Fax: <u>(720) 929-7832</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-37</u> | |

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|--|---------------------------|
| 5. API Number <u>05-123-24507-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>BURCHFIELD STATE</u> | Well Number: <u>33-16</u> |
| 8. Location: QtrQtr: <u>NWSW</u> Section: <u>16</u> Township: <u>3N</u> Range: <u>67W</u> Meridian: <u>6</u> | |
| 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u> | |

| Completed Interval | |
|---|---|
| FORMATION: <u>CODELL</u> | Status: <u>COMMINGLED</u> |
| Treatment Date: <u>04/30/2010</u> | Date of First Production this formation: <u>04/17/2008</u> |
| Perforations Top: <u>7154</u> Bottom: <u>7176</u> | No. Holes: <u>66</u> Hole size: <u>0.38</u> |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| Drilled out CIBP to commingle well on 4/30/2010. | |
| This formation is commingled with another formation: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 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: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt _____ |
| Bridge Plug Depth: _____ | Sacks cement on top: _____ |

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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|---|---|
| FORMATION: <u>NIOBRARA-CODELL</u> | Status: <u>PRODUCING</u> |
| Treatment Date: <u>04/30/2010</u> | Date of First Production this formation: <u>05/13/2010</u> |
| Perforations Top: <u>6913</u> Bottom: <u>7176</u> | No. Holes: <u>126</u> Hole size: <u>0.38</u> |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| NB PERF 6913-7032 HOLES 60 SIZE 0.41 CD PERF 7154-7176 HOLES 66 SIZE 0.38 | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | |
| Date: <u>05/12/2010</u> Hours: <u>24</u> Bbls oil: <u>40</u> Mcf Gas: <u>223</u> Bbls H2O: <u>0</u> | |
| Calculated 24 hour rate: | Bbls oil: <u>40</u> Mcf Gas: <u>223</u> Bbls H2O: <u>0</u> GOR: <u>5575</u> |
| Test Method: <u>FLOWING</u> Casing PSI: <u>1600</u> Tubing PSI: <u>1150</u> Choke Size: <u>24/64</u> | |
| Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1221</u> API Gravity Oil: <u>51</u> | |
| Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7120</u> Tbg setting date: <u>05/05/2010</u> Packer Depth: _____ | |
| Reason for Non-Production: _____ | |
| Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____ | |
| Bridge Plug Depth: _____ Sacks cement on top: _____ | |

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|---|--|
| FORMATION: <u>NIOBRARA</u> | Status: <u>COMMINGLED</u> |
| Treatment Date: <u>05/13/2010</u> | Date of First Production this formation: <u>04/20/2010</u> |
| Perforations Top: <u>6913</u> Bottom: <u>7032</u> | No. Holes: <u>60</u> Hole size: <u>0.41</u> |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| Commingle well with Codell. | |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 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: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____ | |
| Bridge Plug Depth: _____ Sacks cement on top: _____ | |

Comment:
This well is on the Kerr-Mcgee Delinquency List for missing reports from 09/2010 to present on the Codell formation. It is also missing reports from 09/2010 to present on the Niobrara formation. This Form 5A is the most up to date on the producing formation status. The Niobrara and Codell formation were commingled 5/13/2010. Thank you.

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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: 7/11/2011 Email Cindy.Vue@anadarko.com
:

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400183965 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)