

**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



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Document Number:

400183965

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

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"/>	
<div>Drilled out CIBP to commingle well on 4/30/2010.</div>			
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: _____			
<div></div>			
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: _____		

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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
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: _____			

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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
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)