

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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COMPLETED INTERVAL REPORT

Document Number:

400159202

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: CARA MAHLER
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029
 3. Address: P O BOX 173779 Fax: (720) 929-7029
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-21851-00 6. County: WELD
 7. Well Name: MOSER Well Number: 15-4
 8. Location: QtrQtr: SWSE Section: 4 Township: 2N Range: 65W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: TEMPORARILY ABANDONED
 Treatment Date: 03/01/2011 Date of First Production this formation: 12/01/2008
 Perforations Top: 6944 Bottom: 7191 No. Holes: 153 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:

 This formation is commingled with another formation: Yes 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: 03/01/2011 Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: 4640 Sacks cement on top: _____

FORMATION: SUSSEX Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: 04/04/2011

Perforations Top: 4605 Bottom: 4632 No. Holes: 54 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole:

Frac Sussex down 4-1/2" Csg w/ 19,530 gal MavFoam N2 w/ 180,230# 16/30, 20,300# SB Excel.

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/22/2011 Hours: 24 Bbls oil: 8 Mcf Gas: 6 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 8 Mcf Gas: 6 Bbls H2O: 0 GOR: 750

Test Method: FLOWING Casing PSI: 870 Tubing PSI: _____ Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1150 API Gravity Oil: 51

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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:

NO CHOKE.

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

Signed: _____ Print Name: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: _____ Email CARA.MAHLER@ANADARKO.COM

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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)