


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> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">400159202</div>	DE	ET	OE	ES
DE	ET	OE	ES				
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: <u>47120</u>		4. Contact Name: <u>CARA MAHLER</u>					
2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>		Phone: <u>(720) 929-6029</u>					
3. Address: <u>P O BOX 173779</u>		Fax: <u>(720) 929-7029</u>					
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80217-37</u>					
5. API Number <u>05-123-21851-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>MOSER</u>		Well Number: <u>15-4</u>					
8. Location: QtrQtr: <u>SWSE</u>	Section: <u>4</u>	Township: <u>2N</u>	Range: <u>65W</u> Meridian: <u>6</u>				
9. Field Name: <u>WATTENBERG</u>		Field Code: <u>90750</u>					
<u>Completed Interval</u>							
FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>TEMPORARILY ABANDONED</u>					
Treatment Date: <u>03/01/2011</u>		Date of First Production this formation: <u>12/01/2008</u>					
Perforations Top: <u>6944</u>	Bottom: <u>7191</u>	No. Holes: <u>153</u>	Hole size: _____				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
CIBP SET @ 4640							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____				
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____				
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:							
CIBP SET @ 4640							
Date formation Abandoned: <u>03/01/2011</u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____				
Bridge Plug Depth: <u>4640</u>		Sacks cement on top: _____					

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>SUSSEX</u>		Status: <u>PRODUCING</u>		
Treatment Date: _____		Date of First Production this formation: <u>04/04/2011</u>		
Perforations	Top: <u>4605</u>	Bottom: <u>4632</u>	No. Holes: <u>54</u>	Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">Frac Sussex down 4-1/2" Csg w/ 19,530 gal MavFoam N2 w/ 180,230# 16/30, 20,300# SB Excel.</div>				
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Test Information:				
Date: <u>04/22/2011</u>	Hours: <u>24</u>	Bbls oil: <u>8</u>	Mcf Gas: <u>6</u>	Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>8</u>	Mcf Gas: <u>6</u>	Bbls H2O: <u>0</u> GOR: <u>750</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>870</u>	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1150</u>	API Gravity Oil: <u>51</u>	
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:

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: 4/27/2011 Email CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400159202	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)