

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: 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: <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: _____ 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:	
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: 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: 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

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

Total: 0 comment(s)