

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: <div style="text-align: center; font-weight: bold;">400159749</div>				
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>05-123-22040-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>PALMER</u>	Well Number: <u>11-20</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>20</u> Township: <u>2N</u> Range: <u>65W</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>03/17/2011</u>	Date of First Production this formation: <u>04/06/2011</u>
Perforations Top: <u>7299</u> Bottom: <u>7319</u>	No. Holes: <u>58</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>

DRILLED OUT CIBP SET @ 7215'
 REPERF CD (3/11/11) 7299-7309 HOLES 20 SIZE .38
 Re-Frac Codell down 4-1/2" Csg w/ 258,649 gal Slickwater w/ 207,640# 40/70, 4,000# SuperLC.

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: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 03/10/2011 Date of First Production this formation: 11/29/2004

Perforations Top: 7753 Bottom: 7795 No. Holes: 90 Hole size: 0.38

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

Pumped 3000# sand. Top of sand plug at 7543.

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: _____

Pumped 3000# sand. Top of sand plug at 7543.

Date formation Abandoned: 03/10/2011 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7543 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 03/17/2011 Date of First Production this formation: 04/06/2011

Perforations Top: 7020 Bottom: 7319 No. Holes: 139 Hole size: 0.42

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

CD REFRAC

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/26/2011 Hours: 24 Bbls oil: 27 Mcf Gas: 43 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 27 Mcf Gas: 43 Bbls H2O: 0 GOR: 1593

Test Method: FLOWING Casing PSI: 1360 Tubing PSI: 367 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1277 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7272 Tbg setting date: 03/23/2011 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: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 03/17/2011 Date of First Production this formation: 01/04/2010

Perforations Top: 7020 Bottom: 7091 No. Holes: 81 Hole size: 0.42

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

CD REFRAC

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: _____ 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
400159749	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)