


|  |  |   |  |                                       |                                     |   |  |  |   |  |                 |  |                            |  |                   |                   |                   |  |                        |                 |                |                        |  |                    |                             |                         |                     |  |
|--|--|---|--|---------------------------------------|-------------------------------------|---|--|--|---|--|-----------------|--|----------------------------|--|-------------------|-------------------|-------------------|--|------------------------|-----------------|----------------|------------------------|--|--------------------|-----------------------------|-------------------------|---------------------|--|
| <b>FORM 5A</b><br>Rev 02/08  | <b>State of Colorado</b><br><b>Oil and Gas Conservation Commission</b><br>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   |                                       |                                     |   |  |  |   |  |                 |  |                            |  |                   |                   |                   |  |                        |                 |                |                        |  |                    |                             |                         |                     |  |
| <b>COMPLETED INTERVAL REPORT</b>   |  |   | Document Number:<br><br><div style="border: 1px solid black; padding: 5px; text-align: center;">400159749</div>  |                                       |                                     |   |  |  |   |  |                 |  |                            |  |                   |                   |                   |  |                        |                 |                |                        |  |                    |                             |                         |                     |  |
| <p>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.</p>   |  |   |  |                                       |                                     |   |  |  |   |  |                 |  |                            |  |                   |                   |                   |  |                        |                 |                |                        |  |                    |                             |                         |                     |  |
| <table style="width: 100%;"> <tr> <td style="width: 50%;">1. OGCC Operator Number: <u>47120</u></td> <td style="width: 50%;">4. Contact Name: <u>CARA MAHLER</u></td> </tr> <tr> <td>2. Name of Operator: <u>KERR-MCGEE OIL &amp; GAS ONSHORE LP</u></td> <td>Phone: <u>(720) 929-6029</u></td> </tr> <tr> <td>3. Address: <u>P O BOX 173779</u></td> <td>Fax: <u>(720) 929-7029</u></td> </tr> <tr> <td>City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-37</u></td> <td></td> </tr> </table>   |  |   |  | 1. OGCC Operator Number: <u>47120</u> | 4. Contact Name: <u>CARA MAHLER</u> | 2. Name of Operator: <u>KERR-MCGEE OIL &amp; 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>  |                 |  |                            |  |                   |                   |                   |  |                        |                 |                |                        |  |                    |                             |                         |                     |  |
| 1. OGCC Operator Number: <u>47120</u>  | 4. Contact Name: <u>CARA MAHLER</u>  |   |  |                                       |                                     |   |  |  |   |  |                 |  |                            |  |                   |                   |                   |  |                        |                 |                |                        |  |                    |                             |                         |                     |  |
| 2. Name of Operator: <u>KERR-MCGEE OIL &amp; 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>  |  |   |  |                                       |                                     |   |  |  |   |  |                 |  |                            |  |                   |                   |                   |  |                        |                 |                |                        |  |                    |                             |                         |                     |  |
| <table style="width: 100%;"> <tr> <td style="width: 50%;">5. API Number <u>05-123-22040-00</u></td> <td style="width: 50%;">6. County: <u>WELD</u></td> </tr> <tr> <td>7. Well Name: <u>PALMER</u></td> <td>Well Number: <u>11-20</u></td> </tr> <tr> <td>8. Location: QtrQtr: <u>NESW</u> Section: <u>20</u> Township: <u>2N</u> Range: <u>65W</u> Meridian: <u>6</u></td> <td></td> </tr> <tr> <td>9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u></td> <td></td> </tr> </table>   |  |   |  | 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>  |                 |  |                            |  |                   |                   |                   |  |                        |                 |                |                        |  |                    |                             |                         |                     |  |
| 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>  |  |   |  |                                       |                                     |   |  |  |   |  |                 |  |                            |  |                   |                   |                   |  |                        |                 |                |                        |  |                    |                             |                         |                     |  |
| <b>Completed Interval</b>  |  |   |  |                                       |                                     |   |  |  |   |  |                 |  |                            |  |                   |                   |                   |  |                        |                 |                |                        |  |                    |                             |                         |                     |  |
| <table style="width: 100%;"> <tr> <td style="width: 50%;">FORMATION: <u>CODELL</u></td> <td style="width: 50%;">Status: <u>COMMINGLED</u></td> </tr> <tr> <td>Treatment Date: <u>03/17/2011</u></td> <td>Date of First Production this formation: <u>04/06/2011</u></td> </tr> <tr> <td>Perforations Top: <u>7299</u> Bottom: <u>7319</u></td> <td>No. Holes: <u>58</u> Hole size: <u>0.42</u></td> </tr> <tr> <td colspan="2">Provide a brief summary of the formation treatment: <span style="float: right;">Open Hole: <input type="checkbox"/></span></td> </tr> <tr> <td colspan="2" style="border: 1px solid black; padding: 5px;">           DRILLED OUT CIBP SET @ 7215'<br/>           REPERF CD (3/11/11) 7299-7309 HOLES 20 SIZE .38<br/>           Re-Frac Codell down 4-1/2" Csg w/ 258,649 gal Slickwater w/ 207,640# 40/70, 4,000# SuperLC.         </td> </tr> <tr> <td colspan="2">This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table> |  |   |  | 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: <span style="float: right;">Open Hole: <input type="checkbox"/></span> |                 | DRILLED OUT CIBP SET @ 7215'<br>REPERF CD (3/11/11) 7299-7309 HOLES 20 SIZE .38<br>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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                   |                   |                   |  |                        |                 |                |                        |  |                    |                             |                         |                     |  |
| 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: <span style="float: right;">Open Hole: <input type="checkbox"/></span>   |  |   |  |                                       |                                     |   |  |  |   |  |                 |  |                            |  |                   |                   |                   |  |                        |                 |                |                        |  |                    |                             |                         |                     |  |
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| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |   |  |                                       |                                     |   |  |  |   |  |                 |  |                            |  |                   |                   |                   |  |                        |                 |                |                        |  |                    |                             |                         |                     |  |
| <b>Test Information:</b><br><table style="width: 100%;"> <tr> <td>Date: _____</td> <td>Hours: _____</td> <td>Bbls oil: _____</td> <td>Mcf Gas: _____</td> <td>Bbls H2O: _____</td> </tr> <tr> <td colspan="2">Calculated 24 hour rate: _____</td> <td>Bbls oil: _____</td> <td>Mcf Gas: _____</td> <td>Bbls H2O: _____ GOR: _____</td> </tr> <tr> <td>Test Method: _____</td> <td>Casing PSI: _____</td> <td>Tubing PSI: _____</td> <td colspan="2">Choke Size: _____</td> </tr> <tr> <td>Gas Disposition: _____</td> <td>Gas Type: _____</td> <td>BTU Gas: _____</td> <td colspan="2">API Gravity Oil: _____</td> </tr> <tr> <td>Tubing Size: _____</td> <td>Tubing Setting Depth: _____</td> <td>Tbg setting date: _____</td> <td colspan="2">Packer Depth: _____</td> </tr> </table>  |  |   |  | 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: _____ |  |
| 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:<br><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 _____<br>Bridge Plug Depth: _____ Sacks cement on top: _____   |  |   |  |                                       |                                     |   |  |  |   |  |                 |  |                            |  |                   |                   |                   |  |                        |                 |                |                        |  |                    |                             |                         |                     |  |

|  |                             |   |                                     |                                      |            |
|--|-----------------------------|---|-------------------------------------|--------------------------------------|------------|
| FORMATION: <u>J SAND</u>   |                             |   |                                     | Status: <u>TEMPORARILY ABANDONED</u> |            |
| Treatment Date: <u>03/10/2011</u>  |                             | Date of First Production this formation: <u>11/29/2004</u>        |                                     |                                      |            |
| Perforations   | Top: <u>7753</u>            | Bottom: <u>7795</u>   | No. Holes: <u>90</u>                | Hole size: <u>0.38</u>               |            |
| Provide a brief summary of the formation treatment:  |                             |   | Open Hole: <input type="checkbox"/> |                                      |            |
| <div>Pumped 3000# sand. Top of sand plug at 7543.</div>  |                             |   |                                     |                                      |            |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             |   |                                     |                                      |            |
| <b>Test Information:</b>   |                             |   |                                     |                                      |            |
| 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>Pumped 3000# sand. Top of sand plug at 7543.</div>  |                             |   |                                     |                                      |            |
| Date formation Abandoned: <u>03/10/2011</u>  |                             | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt _____   |                                      |            |
| Bridge Plug Depth: <u>7543</u>   |                             | Sacks cement on top: _____  |                                     |                                      |            |

|  |                                   |   |                                     |                          |                  |
|--|-----------------------------------|---|-------------------------------------|--------------------------|------------------|
| FORMATION: <u>NIOBRARA-CODELL</u>  |                                   |   |                                     | Status: <u>PRODUCING</u> |                  |
| Treatment Date: <u>03/17/2011</u>  |                                   | Date of First Production this formation: <u>04/06/2011</u>        |                                     |                          |                  |
| Perforations   | Top: <u>7020</u>                  | Bottom: <u>7319</u>   | No. Holes: <u>139</u>               | Hole size: <u>0.42</u>   |                  |
| Provide a brief summary of the formation treatment:  |                                   |   | Open Hole: <input type="checkbox"/> |                          |                  |
| <div>CD REFRAC</div>   |                                   |   |                                     |                          |                  |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |   |                                     |                          |                  |
| <b>Test Information:</b>   |                                   |   |                                     |                          |                  |
| Date: <u>04/26/2011</u>  | Hours: <u>24</u>                  | Bbls oil: <u>27</u>   | Mcf Gas: <u>43</u>                  | Bbls H2O: <u>0</u>       |                  |
| Calculated 24 hour rate:   |                                   | Bbls oil: <u>27</u>   | Mcf Gas: <u>43</u>                  | Bbls H2O: <u>0</u>       | GOR: <u>1593</u> |
| Test Method: <u>FLOWING</u>  | Casing PSI: <u>1360</u>           | Tubing PSI: <u>367</u>  | Choke Size: _____                   |                          |                  |
| Gas Disposition: <u>SOLD</u>   | Gas Type: <u>WET</u>              | BTU Gas: <u>1277</u>  | API Gravity Oil: <u>50</u>          |                          |                  |
| Tubing Size: <u>2 + 3/8</u>  | Tubing Setting Depth: <u>7272</u> | Tbg setting date: <u>03/23/2011</u>                               | 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: _____  |                                     |                          |                  |

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

|  |                             |   |                                   |                            |
|--|-----------------------------|---|-----------------------------------|----------------------------|
| FORMATION: <u>NIOBRARA</u>   |                             | Status: <u>COMMINGLED</u>   |                                   |                            |
| Treatment Date: <u>03/17/2011</u>  |                             | Date of First Production this formation: <u>01/04/2010</u>        |                                   |                            |
| Perforations   | Top: <u>7020</u>            | Bottom: <u>7091</u>   | No. Holes: <u>81</u>              | Hole size: <u>0.42</u>     |
| Provide a brief summary of the formation treatment:  |                             | Open Hole: <input type="checkbox"/>                               |                                   |                            |
| <div>CD REFRAC</div>   |                             |   |                                   |                            |
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                             |   |                                   |                            |
| <b>Test Information:</b>   |                             |   |                                   |                            |
| 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: _____  |                                   |                            |

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

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)