

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400208343

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: 47120  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP  
3. Address: P O BOX 173779  
City: DENVER State: CO Zip: 80217-  
4. Contact Name: CARA MAHLER  
Phone: (720) 929-6029  
Fax: (720) 929-7029

5. API Number 05-123-33362-00  
6. County: WELD  
7. Well Name: PSC  
Well Number: 13N-13HZ  
8. Location: QtrQtr: SESE Section: 13 Township: 3N Range: 68W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>08/16/2011</u>	Date of First Production this formation: <u>08/22/2011</u>
Perforations Top: _____ Bottom: _____	No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input checked="" type="checkbox"/>
FRAC'D THRU OPENHOLE LINER BETWEEN 7682-11490. AVG TREATING PRESSURE 4808, AVG RATE 57.4, TOTAL BBLS OF FLUID 61170, TOTAL SAND WEIGHT OF 2949556.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>08/23/2011</u> Hours: <u>24</u> Bbls oil: <u>137</u> Mcf Gas: <u>223</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: _____ Bbls oil: <u>137</u> Mcf Gas: <u>223</u> Bbls H2O: <u>0</u> GOR: <u>1628</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1000</u> Tubing PSI: _____ Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>289</u> API Gravity Oil: <u>46</u>	
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: _____	
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:

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: 11/14/2011 Email: CARA.MAHLER@ANADARKO.COM

### 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)