

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



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Document Number:

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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: 80217-37
4. Contact Name: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-31229-00
6. County: WELD
7. Well Name: NRC
Well Number: 23-8
8. Location: QtrQtr: SWSE Section: 8 Township: 1N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 09/16/2010 Date of First Production this formation: 09/30/2010
Perforations Top: 8363 Bottom: 8393 No. Holes: 58 Hole size: 0.38

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

Frac JSND w/ 144,690 gal SW & 115,040# 40/70 sand & 4,180# SB Excel.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 10/13/2010 Hours: 24 Bbls oil: 3 Mcf Gas: 16 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 3 Mcf Gas: 16 Bbls H2O: 0 GOR: 5334
Test Method: FLOWING Casing PSI: 550 Tubing PSI: _____ Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1153 API Gravity Oil: 48
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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/16/2010 Date of First Production this formation: 09/30/2010

Perforations Top: 7576 Bottom: 7933 No. Holes: 122 Hole size: 0.38

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

NBRR Perf 7576-7784 Holes 62 Size 0.42 CODL Perf 7921-7933 Holes 60 Size 0.38
Frac NBRR w/ 250 gal 15% HCl & 240,492 gal SW & 201,180# 40/70 sand & 4,040# 20/40 SB Excel.
Frac CODL w/ 207,690 gal SW & 151,880# 40/70 sand & 4,280# SB Excel.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 10/13/2010 Hours: 24 Bbls oil: 3 Mcf Gas: 16 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 3 Mcf Gas: 16 Bbls H2O: 0 GOR: 5334

Test Method: FLOWING Casing PSI: 550 Tubing PSI: Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1153 API Gravity Oil: 48

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:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: Cindy Vue

Title: Regulatory Analyst II Date: Email Cindy.Vue@anadarko.com

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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: Director of COGCC Date: