

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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 05-123-31299-00
6. County: WELD
7. Well Name: NRC
Well Number: 7-8
8. Location: QtrQtr: SWNE Section: 8 Township: 1N Range: 67W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: GREENHORN Status: PRODUCING

Treatment Date: 10/07/2010 Date of First Production this formation: 10/20/2010
Perforations Top: 7954 Bottom: 8040 No. Holes: 62 Hole size: 0.4

Provide a brief summary of the formation treatment: Open Hole: []

Frac GRNHN w/ 188,937 gal Dynaflo 2 Hybrid & 267,120# 20/40 sand & 8,000# SB Excel.

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 10/28/2010 Hours: 24 Bbls oil: 33 Mcf Gas: 1 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 33 Mcf Gas: 1 Bbls H2O: 0 GOR: 30

Test Method: FLOWING Casing PSI: 1800 Tubing PSI: 0 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1289 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7905 Tbg setting date: 11/11/2010 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

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: _____