

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

COMPLETED INTERVAL REPORT

Document Number:
2511441

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 05-123-29455-00
6. County: WELD
7. Well Name: SEC FOUR Well Number: 3-4
8. Location: QtrQtr: NWNW Section: 4 Township: 1N Range: 68W Meridian: 6
9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 07/30/2010 Date of First Production this formation: 09/29/2009
Perforations Top: 7618 Bottom: 7865 No. Holes: 118 Hole size: 38/100
Provide a brief summary of the formation treatment: Open Hole:
NBRR PERF 7618-7728 HOLES 64 SIZE 0.42 CODL PERF 7847-7865 HOLES 54 SIZE 0.38 FRAC NBRR W/220,000 GAL SW & 155,000# 40/70 SAND & 4,320# SB EXCEL. FRAC CODL W/205,000 GAL SW & 145,000# 40/70 SAND & 4,000# SB EXCEL.
This formation is commingled with another formation: Yes No
Test Information:
Date: 04/28/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: Bbls oil: 50 Mcf Gas: 190 Bbls H2O: 0 GOR: 3800
Test Method: FLOWING Casing PSI: 554 Tubing PSI: 420 Choke Size: 26/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1383 API Gravity Oil: 50
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7817 Tbg setting date: 03/27/2010 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: 5/18/2010 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: David S. Neslin Director of COGCC Date: 12/8/2010

Attachment Check List

Att Doc Num	Name
2511441	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)