

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:

2511441

**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 4. Contact Name: CINDY VUE  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832  
3. Address: P O BOX 173779 Fax: (720) 929-7832  
City: DENVER State: CO Zip: 80217-37

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: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>07/30/2010</u>	Date of First Production this formation: <u>09/29/2009</u>
Perforations Top: <u>7618</u> Bottom: <u>7865</u>	No. Holes: <u>118</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>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 &amp; 155,000# 40/70 SAND &amp; 4,320# SB EXCEL. FRAC CODL W/205,000 GAL SW &amp; 145,000# 40/70 SAND &amp; 4,000# SB EXCEL.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>04/28/2010</u> Hours: <u>      </u>	Bbls oil: <u>      </u> Mcf Gas: <u>      </u> Bbls H2O: <u>      </u>
Calculated 24 hour rate:	Bbls oil: <u>50</u> Mcf Gas: <u>190</u> Bbls H2O: <u>0</u> GOR: <u>3800</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>554</u> Tubing PSI: <u>420</u> Choke Size: <u>26/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1383</u> API Gravity Oil: <u>50</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7817</u>	Tbg setting date: <u>03/27/2010</u> Packer Depth: <u>      </u>
Reason for Non-Production: <u>      </u>	
Date formation Abandoned: <u>      </u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u>      </u>
Bridge Plug Depth: <u>      </u>	Sacks cement on top: <u>      </u>

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)