

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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COMPLETED INTERVAL REPORT

Document Number:

400115185

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 05-123-31216-00 6. County: WELD
7. Well Name: NRC Well Number: 40-9
8. Location: QtrQtr: SWNE Section: 9 Township: 1N Range: 67W Meridian: 6
9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/05/2010 Date of First Production this formation: 11/30/2010

Perforations Top: 7776 Bottom: 8020 No. Holes: 130 Hole size: 0.42

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

NB Perf 7776-7870 Holes 66 Size 0.42 CD Perf 8004-8020 Holes 64 Size 0.40
Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 234,528 gal Slickwater w/ 200,740# 40/70, 4,000# 20/40
Frac Codell down 4-1/2" Csg w/ 213,872 gal Slickwater w/ 150,880# 40/70, 4,000# SB Excel

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

Test Information:

Date: 12/08/2010 Hours: 24 Bbls oil: 30 Mcf Gas: 102 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 30 Mcf Gas: 102 Bbls H2O: 0 GOR: 3400

Test Method: FLOWING Casing PSI: 600 Tubing PSI: Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1162 API Gravity Oil: 50

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

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: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)