

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:

400131856

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 05-123-31356-00 6. County: WELD
 7. Well Name: NRC Well Number: 11-9
 8. Location: QtrQtr: SWSW Section: 9 Township: 1N Range: 67W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 10/18/2010 Date of First Production this formation: 01/20/2010

Perforations Top: 8340 Bottom: 8366 No. Holes: 78 Hole size: 0.42

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

Frac J-Sand down 4-1/2" Csg w/ 142,044 gal Slickwater w/ 115,520# 40/70, 4,060# SB Excel

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/07/2011 Hours: 24 Bbls oil: 10 Mcf Gas: 57 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 10 Mcf Gas: 57 Bbls H2O: 0 GOR: 5700

Test Method: FLOWING Casing PSI: 1137 Tubing PSI: 661 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1297 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8333 Tbg setting date: 12/27/2010 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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/18/2010 Date of First Production this formation: 01/20/2011

Perforations Top: 7668 Bottom: 7892 No. Holes: 88 Hole size: 0.42

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

NB Perf 7668-7750 Holes 48 Size 0.42 CD Perf 7892-7902 Holes 40 Size 0.42
11/19/2010-Frac Niobrara B & C down 2-7/8" Tbg w/ Pkr ^ Nio w/ 250 gal 15% HCl & 168,874 gal Dynaflo 2 Hybrid w/ 250,060# 20/40, 4,000# SuperLC.
10/18/2010-Frac Codell down 4-1/2" Csg w/ 203,797 gal Slickwater w/ 150,500# 40/70, 4,200# SB Excel

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/07/2011 Hours: 24 Bbls oil: 10 Mcf Gas: 57 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 57 Bbls H2O: 0 GOR: 5700

Test Method: FLOWING Casing PSI: 1137 Tubing PSI: 661 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1297 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8333 Tbg setting date: 12/27/2010 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: _____ 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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)