

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:

400132019

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: CARA MAHLER
Phone: (720) 929-6029
Fax: (720) 929-7029

5. API Number 05-123-31335-00
6. County: WELD
7. Well Name: NRC Well Number: 16-8
8. Location: QtrQtr: SWSE Section: 8 Township: 1N Range: 67W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: DAKOTA Status: ABANDONED COMPLETION

Treatment Date: 09/03/2010 Date of First Production this formation: 09/03/2010

Perforations Top: 8440 Bottom: 8480 No. Holes: 64 Hole size: 0.38

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

Frac Dakota down 2-7/8" Tbg w/ Pkr w/ 29,274 gal Vistar w/ 49,640# 20/40, 8,020# SB Excel, 0# . SET CIBP @ 8410' KB, DUMP 2SX CEMENT 9/3/2010 TURNED WELL ON NEVER PRODUCED AND WENT TO SALES

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

Test Information:

Date: Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: BTU Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

INCAPABLE OF PRODUCING IN PAYABLE QUANTITIES

Date formation Abandoned: 12/13/2010 Squeeze: [] Yes [] No If yes, number of sacks cmt

Bridge Plug Depth: 8410 Sacks cement on top: 2

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 12/30/2010 Date of First Production this formation: 01/11/2011

Perforations Top: 7596 Bottom: 7844 No. Holes: 122 Hole size: 0.42

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

NB PERF 7596-7698 HOLES 62 SIZE 0.42 CD PERF 7824-7844 HOLES 60 SIZE 0.42
Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 237,554 gal Slickwater w/ 200,580# 40/70, 4,400# SB Excel, 0# .
Frac Codell down 4-1/2" Csg w/ 196,476 gal Slickwater w/ 151,900# 40/70, 4,280# SB Excel, 0# .

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/01/2011 Hours: 24 Bbls oil: 8 Mcf Gas: 21 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 8 Mcf Gas: 21 Bbls H2O: 0 GOR: 2625

Test Method: FLOWING Casing PSI: 1500 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1449 API Gravity Oil: 40

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: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: _____ Email CARA.MAHLER@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
400132021	

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)