

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 400143999				
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: <u>47120</u>	4. Contact Name: <u>Cindy Vue</u>
2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6832</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7832</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-37</u>	

5. API Number <u>05-123-31326-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>NRC</u>	Well Number: <u>5-9</u>
8. Location: QtrQtr: <u>SWNW</u> Section: <u>9</u> Township: <u>1N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>SPINDLE</u> Field Code: <u>77900</u>	

Completed Interval

FORMATION: <u>DAKOTA</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>09/01/2011</u>	Date of First Production this formation: _____
Perforations Top: <u>8424</u> Bottom: <u>8448</u>	No. Holes: <u>72</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment: _____	Open Hole: <input type="checkbox"/>
<u>Frac Dakota down 2-7/8" Tbg w/ Pkr w/ 18,568 gal Vistar 70 Quality N2 w/ 9,000# 100 Mesh , 48,000# 20/40 Ottawa & 8,000# 20/40</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: _____	
<u>CIBP @ 8420'</u>	
Date formation Abandoned: <u>01/17/2011</u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: <u>8420</u> Sacks cement on top: <u>2</u>	

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 02/14/2011 Date of First Production this formation: 03/01/2011

Perforations Top: 7514 Bottom: 8206 No. Holes: 184 Hole size: 0.38

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

NB Perf 7514-7618 Holes 66 Size 0.38
 CD Perf 7745-7761 Holes 64 Size 0.42
 J S Perf 8188-8206 Holes 54 Size 0.38

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/16/2011 Hours: 24 Bbls oil: 61 Mcf Gas: 188 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 61 Mcf Gas: 188 Bbls H2O: 0 GOR: 3081

Test Method: FLOWING Casing PSI: 781 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1135 API Gravity Oil: 42

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: _____

FORMATION: J SAND Status: PRODUCING

Treatment Date: 02/14/2011 Date of First Production this formation: 03/01/2011

Perforations Top: 8188 Bottom: 8206 No. Holes: 54 Hole size: 0.38

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

Frac J-Sand down 4-1/2" Csg w/ 148,497 gal Slickwater w/ 115,800# 40/70, 4,000# SB Excel.

This formation is commingled with another formation: Yes 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: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 02/17/2011 Date of First Production this formation: 03/01/2011

Perforations Top: 7514 Bottom: 7761 No. Holes: 128 Hole size: 0.38

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

NB Perf 7514-7618 Holes 66 Size 0.38 CD Perf 7745-7761 Holes 64 Size 0.42
Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 244,736 gal Slickwater w/ 201,200# 40/70, 4,000# SB Excel
Frac Codell down 4-1/2" Csg w/ 190,806 gal Slickwater w/ 151,200# 40/70, 4,000# SB Excel

This formation is commingled with another formation: Yes 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: _____

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: 3/22/2011 Email Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Name
400143999	FORM 5A SUBMITTED
400145099	

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)