

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:

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**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  
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: Cindy Vue  
Phone: (720) 929-6832  
Fax: (720) 929-7832

5. API Number 05-123-31341-00  
6. County: WELD  
7. Well Name: NRC  
Well Number: 10-8  
8. Location: QtrQtr: SWSE Section: 8 Township: 1N Range: 67W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 08/26/2010 Date of First Production this formation: 09/30/2010  
Perforations Top: 8340 Bottom: 8370 No. Holes: 68 Hole size: 0.38

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

Frac JSND w/ 161,532 gal SW & 115,280# 40/70 sand & 4,100# SB Excel.

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

**Test Information:**

Date: 10/11/2010 Hours: 24 Bbls oil: 10 Mcf Gas: 75 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 75 Bbls H2O: 0 GOR: 7500  
Test Method: FLOWING Casing PSI: 1325 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1153 API Gravity Oil: 48  
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: NIORARA-CODELL Status: PRODUCING

Treatment Date: 09/07/2010 Date of First Production this formation: 09/30/2010

Perforations Top: 7666 Bottom: 7912 No. Holes: 118 Hole size: 0.38

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

NBRR Perf 7666-7770 Holes 62 Size 0.38 CODL Perf 7898-7912 Holes 56 Size 0.38  
Frac NBRR w/ 252 gal 15% HCl & 232,344 gal SW & 202,000# 40/70 sand & 4,260# SB Excel.  
Frac CODL w/ 205,716 gal SW & 151,008# 40/70 sand & 4,020# SB Excel.

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

**Test Information:**

Date: 10/11/2010 Hours: 24 Bbls oil: 10 Mcf Gas: 75 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 75 Bbls H2O: 0 GOR: 7500

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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

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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: