

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:

400104309

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 05-123-31330-00
6. County: WELD
7. Well Name: NRC
Well Number: 39-8
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: 08/16/2010 Date of First Production this formation: 09/30/2010
Perforations Top: 8346 Bottom: 8376 No. Holes: 62 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole:
Frac JSND w/ 150,150 gal SW & 115,180# 40/70 sand & 4,140# SB Excel.

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/15/2010 Hours: 24 Bbls oil: 47 Mcf Gas: 100 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 47 Mcf Gas: 100 Bbls H2O: 0 GOR: 2128
Test Method: FLOWING Casing PSI: 500 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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/23/2010 Date of First Production this formation: 09/30/2010

Perforations Top: 7678 Bottom: 7924 No. Holes: 130 Hole size: 0.38

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

NBRR Perf 7678-7778 Holes 66 Size 0.38 CODL Perf 7908-7924 Holes 64 Size 0.38
Frac NBRR w/ 250 gal 15% HCl & 228,018 gal SW & 200,480# 40/70 sand & 4,080# SB Excel.
Frac CODL w/ 206,766 gal SW & 150,220# 40/70 sand & 4,260# SB Excel.

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/15/2010 Hours: 24 Bbls oil: 47 Mcf Gas: 101 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 47 Mcf Gas: 101 Bbls H2O: 0 GOR: 2149

Test Method: FLOWING Casing PSI: 500 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: _____

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: _____