

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400105391

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 05-123-31228-00
6. County: WELD
7. Well Name: NRC
Well Number: 1-8
8. Location: QtrQtr: SWNE Section: 8 Township: 1N Range: 67W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 09/27/2010 Date of First Production this formation: 10/12/2010
Perforations Top: 7614 Bottom: 7858 No. Holes: 126 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole:
NBRR Perf 7614-7712 Holes 66 Size 0.42 CODL Perf 7838-7858 Holes 60 Size 0.38
Frac NBRR w/ 252 gal 15% HCl & 249,816 gal SW & 201,460# 40/70 sand & 4,000# SuperLC.
Frac CODL w/ 200,760 gal SW & 152,560# 40/70 sand & 4,000# SB Excel.
This formation is commingled with another formation: Yes No
Test Information:
Date: 11/01/2010 Hours: 24 Bbls oil: 39 Mcf Gas: 248 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 39 Mcf Gas: 248 Bbls H2O: 0 GOR: 6359
Test Method: FLOWING Casing PSI: 1200 Tubing PSI: Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1289 API Gravity Oil: 50
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: _____