

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
----	----	----	----

Document Number:

400105595

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 4. Contact Name: Cindy Vue
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832
3. Address: P O BOX 173779 Fax: (720) 929-7832
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-31265-00 6. County: WELD
7. Well Name: NRC Well Number: 36-9
8. Location: QtrQtr: SWSW Section: 9 Township: 1N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 08/23/2010 Date of First Production this formation: 10/20/2010
Perforations Top: 8482 Bottom: 8508 No. Holes: 52 Hole size: 0.38

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

Frac JSND w/ 147,882 gal SW & 119,060# 40/70 sand & 4,000# SuperLC.

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

Test Information:

Date: 11/15/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: _____
Test Method: FLOWING Casing PSI: 1600 Tubing PSI: _____ Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1135 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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/31/2010 Date of First Production this formation: 10/20/2010

Perforations Top: 7808 Bottom: 8060 No. Holes: 120 Hole size: 0.42

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

NBRR Perf 7808-7910 Holes 66 Size 0.47 CODL Perf 8042-8060 Holes 54 Size 0.42
Frac NBRR w/ 250 gal 15% HCl & 242,132 gal SW & 201,580# 30/50 sand & 4,000# SuperLC.
Frac CODL w/ 201,726 gal SW & 150,560# 30/50 sand & 4,000# SuperLC.

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

Test Information:

Date: 11/15/2010 Hours: 24 Bbls oil: 5 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 0 Bbls H2O: 0 GOR:

Test Method: FLOWING Casing PSI: 1600 Tubing PSI: Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1135 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: