

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:

400103222

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 05-123-31229-00 6. County: WELD
7. Well Name: NRC Well Number: 23-8
8. Location: QtrQtr: SWSE Section: 8 Township: 1N Range: 67W Meridian: 6
9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>09/16/2010</u>		Date of First Production this formation: <u>09/30/2010</u>	
Perforations	Top: <u>8363</u>	Bottom: <u>8393</u>	No. Holes: <u>58</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Frac JSND w/ 144,690 gal SW & 115,040# 40/70 sand & 4,180# SB Excel.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>10/13/2010</u>	Hours: <u>24</u>	Bbls oil: <u>3</u>	Mcf Gas: <u>16</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>3</u>	Mcf Gas: <u>16</u> Bbls H2O: <u>0</u> GOR: <u>5334</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>550</u>	Tubing PSI: <u></u>	Choke Size: <u>12/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1153</u>	API Gravity Oil: <u>48</u>
Tubing Size: <u></u>	Tubing Setting Depth: <u></u>	Tbg setting date: <u></u>	Packer Depth: <u></u>
Reason for Non-Production: <u></u>			
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>			
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>			

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date:	09/16/2010	Date of First Production this formation:	09/30/2010
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Perforations	Top:	7576	Bottom:	7933	No. Holes:	122	Hole size:	0.38
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Provide a brief summary of the formation treatment: Open Hole: ☐

NBRR Perf 7576-7784 Holes 62 Size 0.42	CODL Perf 7921-7933 Holes 60 Size 0.38
Frac NBRR w/ 250 gal 15% HCl & 240,492 gal SW & 201,180# 40/70 sand & 4,040# 20/40 SB Excel.	Frac CODL w/ 207,690 gal SW & 151,880# 40/70 sand & 4,280# SB Excel.

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

Test Information:

Date:	10/13/2010	Hours:	24	Bbls oil:	3	Mcf Gas:	16	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	3	Mcf Gas:	16	Bbls H2O:	0	GOR:	5334
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Test Method: FLOWING	Casing PSI: 550	Tubing PSI:	Choke Size: 12/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1153	API Gravity Oil:	48
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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: 10/25/2010 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: David A. Nash Director of COGCC Date: 12/3/2010

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)