

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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COMPLETED INTERVAL REPORT

Document Number:

400113594

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 05-123-31263-00
6. County: WELD
7. Well Name: NRC Well Number: 23-9
8. Location: QtrQtr: SWSW Section: 9 Township: 1N Range: 67W Meridian: 6
9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: J SAND Status: PRODUCING
Treatment Date: 10/27/2010 Date of First Production this formation: 11/22/2010
Perforations Top: 8490 Bottom: 8508 No. Holes: 54 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole:
Frac J-Sand w/ 141,834 gal Slickwater w/ 115,660# 40/70, 4,380# SB Excel
This formation is commingled with another formation: Yes No
Test Information:
Date: 12/12/2010 Hours: 24 Bbls oil: 2 Mcf Gas: 0 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 0 Bbls H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 1500 Tubing PSI: Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1133 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: 10/27/2010 Date of First Production this formation: 11/22/2010

Perforations Top: 7828 Bottom: 8072 No. Holes: 120 Hole size: 0.38

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

Perf NB 7828-7914 Holes 60 Size 0.47 Perf CD 8052-8072 Holes 60 Size 0.38
Frac Niobrara w/ 250 gal 15% HCl & 243,558 gal Slickwater w/ 200,280# 40/70, 4,140# SB Excel
Frac Codell w/ 209,511 gal Slickwater w/ 151,140# 40/70, 4,060# SB Excel

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/12/2010 Hours: 24 Bbls oil: 2 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 0 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1500 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1133 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: _____

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)