

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:

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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 05-123-31329-00 6. County: WELD
7. Well Name: NRC Well Number: 3-9
8. Location: QtrQtr: SWNW Section: 9 Township: 1N Range: 67W Meridian: 6
9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: DAKOTA Status: PRODUCING
Treatment Date: 11/18/2010 Date of First Production this formation: 12/02/2010
Perforations Top: 8392 Bottom: 8426 No. Holes: 54 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole: ☐
Frac Dakota down 2 7/8" tbg w/455 bbl fresh water containing 9400# 100 mesh sand, 49,040# 20/40 sand and 8200# 20/40 SB Excel
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 12/06/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 18 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 18 Bbls H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 180 Tubing PSI: Choke Size: 20/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1116 API Gravity Oil: 40
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8368 Tbg setting date: 12/13/2010 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)