

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:

400103619

**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 05-123-31230-00 6. County: WELD  
7. Well Name: NRC Well Number: 37-8  
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>08/16/2010</u>		Date of First Production this formation: <u>09/30/2010</u>		
Perforations	Top: <u>8298</u>	Bottom: <u>8326</u>	No. Holes: <u>58</u>	Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<u>Frac JSND w/ 147,000 gal SW &amp; 115,780# 40/70 sand &amp; 4,020# SB Excel.</u>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>Test Information:</b>				
Date: <u>10/24/2010</u>	Hours: <u>24</u>	Bbls oil: <u>30</u>	Mcf Gas: <u>89</u>	Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>30</u>	Mcf Gas: <u>89</u>	Bbls H2O: <u>0</u> GOR: <u>2967</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>600</u>	Tubing PSI: <u></u>	Choke Size: <u>18/64</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
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Treatment Date: 08/19/2010 Date of First Production this formation: 09/30/2010

Perforations	Top:	7498	Bottom:	7864	No. Holes:	142	Hole size:	38/100
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Provide a brief summary of the formation treatment: Open Hole: ☐

NBRR Perf 7498-7720 Holes 78 Size 0.42	CODL Perf 7848-7864 Holes 64 Size 0.38
Frac NBRR w/ 252 gal 15% HCl & 253,676 gal SW & 201,380# 40/70 sand & 4,040# SB Excel.	
Frac CODL w/ 207,001 gal SW & 150,600# 40/70 sand & 4,060# SB Excel.	

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

**Test Information:**

Date:	10/24/2010	Hours:	24	Bbls oil:	30	Mcf Gas:	89	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	30	Mcf Gas:	89	Bbls H2O:	0	GOR:	2967
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Test Method: FLOWING	Casing PSI: 600	Tubing PSI:	Choke Size: 18/64
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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: 10/28/2010                      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 S. Nesline Director of COGCC Date: 1/6/2011

## Attachment Check List

Att Doc Num	Name
400103619	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)