

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:

400115150

**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 05-123-31209-00 6. County: WELD  
7. Well Name: NRC Well Number: 24-9  
8. Location: QtrQtr: SWNE Section: 9 Township: 1N Range: 67W Meridian: 6  
9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING  
Treatment Date: 11/09/2010 Date of First Production this formation: 11/30/2010  
Perforations Top: 7524 Bottom: 7777 No. Holes: 76 Hole size: 4/10  
Provide a brief summary of the formation treatment: Open Hole: ☐  
Perf NB 7524-7626 Holes 36 Size 0.40 Perf CD 7757-7777 Holes 40 Size 0.40  
Frac Codell / Niobrara down 4-1/2" Csg w/ 500 gal 15% HCl & 451,546 gal Slickwater w/ 342,520# 40/70, 8,560# SB Excel  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 12/08/2010 Hours: 24 Bbls oil: 30 Mcf Gas: 127 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 30 Mcf Gas: 127 Bbls H2O: 0 GOR: 4233  
Test Method: FLOWING Casing PSI: 700 Tubing PSI:        Choke Size: 10/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1162 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: 12/9/2010 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. Neslin*

Director of COGCC

Date: 1/10/2011

**Attachment Check List**

Att Doc Num	Name
400115150	FORM 5A SUBMITTED

Total Attach: 1 Files

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**Comment Date**

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