

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400118012

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 05-123-31261-00 6. County: WELD  
 7. Well Name: NRC Well Number: 1-9  
 8. Location: QtrQtr: SWNE Section: 9 Township: 1N Range: 67W Meridian: 6  
 9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING  
 Treatment Date: 10/26/2010 Date of First Production this formation: 12/07/2010  
 Perforations Top: 7626 Bottom: 7865 No. Holes: 76 Hole size: 0.4  
 Provide a brief summary of the formation treatment: Open Hole:   
 NB Perf 7626-7724 Holes 40 Size 0.40 CD Perf 7853-7865 Holes 36 Size 0.40  
 Frac Codell-Niobrara down 4-1/2" Csg w/ 252 gal 15% HCl & 455,868 gal Slickwater w/ 344,720# 40/70, 8,000# SB Excel.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 12/18/2010 Hours: 24 Bbls oil: 24 Mcf Gas: 171 Bbls H2O: 0  
 Calculated 24 hour rate: Bbls oil: 24 Mcf Gas: 171 Bbls H2O: 0 GOR: 7125  
 Test Method: FLOWING Casing PSI: 700 Tubing PSI: \_\_\_\_\_ Choke Size: 16/64  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1163 API Gravity Oil: 40  
 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: 12/21/2010 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: 1/13/2011

**Attachment Check List**

Att Doc Num	Name
400118012	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)