

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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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 City: DENVER State: CO Zip: 80217-37 Fax: (720) 929-7832

5. API Number 05-123-31273-00 6. County: WELD
7. Well Name: NRC Well Number: 8-9
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: 01/13/2011 Date of First Production this formation: 02/01/2011
Perforations Top: 7558 Bottom: 7812 No. Holes: 112 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole:
NB Perf 7558-7660 Holes 58 Size 0.38 CD Perf 7794-7812 Holes 54 Size 0.38
Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 252,924 gal Slickwater w/ 200,340# 40/70, 4,500# SB Excel.
Frac Codell down 4-1/2" Csg w/ 195,090 gal Slickwater w/ 150,660# 40/70, 4,260# SB Excel.
This formation is commingled with another formation: Yes No
Test Information:
Date: 02/11/2011 Hours: 24 Bbls oil: 39 Mcf Gas: 84 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 39 Mcf Gas: 84 Bbls H2O: 0 GOR: 2154
Test Method: FLOWING Casing PSI: 200 Tubing PSI: Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1183 API Gravity Oil: 48
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:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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: 2/15/2011 Email Cindy.Vue@anadarko.com
:

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400133337 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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