


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">400143735</div>	DE	ET	OE	ES
DE	ET	OE	ES				
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: <u>47120</u>		4. Contact Name: <u>Cindy Vue</u>					
2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>		Phone: <u>(720) 929-6832</u>					
3. Address: <u>P O BOX 173779</u>		Fax: <u>(720) 929-7832</u>					
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-37</u>							
5. API Number <u>05-123-31338-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>NRC</u>		Well Number: <u>25-9</u>					
8. Location: QtrQtr: <u>SWNW</u> Section: <u>9</u> Township: <u>1N</u> Range: <u>67W</u> Meridian: <u>6</u>							
9. Field Name: <u>SPINDLE</u>		Field Code: <u>77900</u>					
<u>Completed Interval</u>							
FORMATION: <u>J-NIOBRARA-CODELL</u>		Status: <u>COMMINGLED</u>					
Treatment Date: <u>01/03/2011</u>		Date of First Production this formation: <u>03/01/2011</u>					
Perforations Top: <u>7776</u>	Bottom: <u>8484</u>	No. Holes: <u>148</u>	Hole size: <u>0.38</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
NB Perf 7776-7864 Holes 40 Size 0.38 CD Perf 8004-8020 Holes 48 Size 0.38 J S Perf 8456-8484 Holes 60 Size 0.40							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>03/15/2011</u>	Hours: <u>24</u>	Bbls oil: <u>64</u>	Mcf Gas: <u>144</u>				
Calculated 24 hour rate:		Bbls oil: <u>64</u>	Mcf Gas: <u>144</u>				
Test Method: <u>FLOWING</u>		Casing PSI: <u>1008</u>	Bbls H2O: <u>0</u>				
Gas Disposition: <u>SOLD</u>		Tubing PSI: _____	Choke Size: <u>12/64</u>				
Gas Type: <u>WET</u>		BTU Gas: <u>1135</u>	API Gravity Oil: <u>42</u>				
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____				
Reason for Non-Production:							
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____				
Bridge Plug Depth: _____		Sacks cement on top: _____					

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>01/03/2011</u>		Date of First Production this formation: <u>03/01/2011</u>		
Perforations	Top: <u>8456</u>	Bottom: <u>8484</u>	No. Holes: <u>60</u>	Hole size: <u>0.4</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
Frac J-Sand down 4-1/2" Csg w/ 140,616 gal Slickwater w/ 116,140# 30/50, 4,000# SB Excel				
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Test Information:				
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>				
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____	
Bridge Plug Depth: _____		Sacks cement on top: _____		

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>02/10/2011</u>		Date of First Production this formation: <u>03/01/2011</u>		
Perforations	Top: <u>7776</u>	Bottom: <u>8020</u>	No. Holes: <u>88</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
NB Perf 7776-7864 Holes 40 Size 0.38 CD Perf 8004-8020 Holes 48 Size 0.38 Frac Niobrara B & C down 2-7/8" Tbg w/ Pkr w/ 250 gal 15% HCl & 162,162 gal Super Z LpH Hybrid w/ 250,040# 20/40, 4,000# SB Excel Frac Codell down 2-7/8" Tbg w/ Pkr w/ 132,468 gal Super Z LpH w/ 230,200# 20/40, 4,000# SB Excel				
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Test Information:				
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>				
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____	
Bridge Plug Depth: _____		Sacks cement on top: _____		

Comment: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
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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: 3/17/2011 Email Cindy.Vue@anadarko.com
:

Attachment Check List

Att Doc Num	Name
400143735	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)