


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>	DE	ET	OE	ES																					
DE	ET	OE	ES																									
COMPLETED INTERVAL REPORT			Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">400143670</div>																									
<p>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.</p>																												
<table style="width: 100%;"> <tr> <td style="width: 50%;">1. OGCC Operator Number: <u>47120</u></td> <td style="width: 50%;">4. Contact Name: <u>Cindy Vue</u></td> </tr> <tr> <td>2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u></td> <td>Phone: <u>(720) 929-6832</u></td> </tr> <tr> <td>3. Address: <u>P O BOX 173779</u></td> <td>Fax: <u>(720) 929-7832</u></td> </tr> <tr> <td>City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-37</u></td> <td></td> </tr> </table>				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>																		
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>																												
<table style="width: 100%;"> <tr> <td style="width: 50%;">5. API Number <u>05-123-31353-00</u></td> <td style="width: 50%;">6. County: <u>WELD</u></td> </tr> <tr> <td>7. Well Name: <u>NRC</u></td> <td>Well Number: <u>21-9</u></td> </tr> <tr> <td>8. Location: QtrQtr: <u>SWNW</u> Section: <u>9</u> Township: <u>1N</u> Range: <u>67W</u> Meridian: <u>6</u></td> <td></td> </tr> <tr> <td>9. Field Name: <u>SPINDLE</u> Field Code: <u>77900</u></td> <td></td> </tr> </table>				5. API Number <u>05-123-31353-00</u>	6. County: <u>WELD</u>	7. Well Name: <u>NRC</u>	Well Number: <u>21-9</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>																		
5. API Number <u>05-123-31353-00</u>	6. County: <u>WELD</u>																											
7. Well Name: <u>NRC</u>	Well Number: <u>21-9</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>																												
<table style="width: 100%;"> <tr> <td style="width: 50%;">FORMATION: <u>J-NIOBRARA-CODELL</u></td> <td style="width: 50%;">Status: <u>COMMINGLED</u></td> </tr> <tr> <td>Treatment Date: <u>01/03/2011</u></td> <td>Date of First Production this formation: <u>03/01/2011</u></td> </tr> <tr> <td>Perforations Top: <u>7594</u> Bottom: <u>8294</u></td> <td>No. Holes: <u>186</u> Hole size: <u>0.38</u></td> </tr> <tr> <td>Provide a brief summary of the formation treatment:</td> <td>Open Hole: <input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="border: 1px solid black; padding: 5px;"> NB Perf 7594-7688 Holes 72 Size 0.38 CD Perf 7816-7834 Holes 54 Size 0.38 J S Perf 8260-8294 Holes 60 Size 0.42 </td> </tr> <tr> <td colspan="2"> This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </td> </tr> </table>				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>7594</u> Bottom: <u>8294</u>	No. Holes: <u>186</u> Hole size: <u>0.38</u>	Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>	NB Perf 7594-7688 Holes 72 Size 0.38 CD Perf 7816-7834 Holes 54 Size 0.38 J S Perf 8260-8294 Holes 60 Size 0.42		This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
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>7594</u> Bottom: <u>8294</u>	No. Holes: <u>186</u> Hole size: <u>0.38</u>																											
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>																											
NB Perf 7594-7688 Holes 72 Size 0.38 CD Perf 7816-7834 Holes 54 Size 0.38 J S Perf 8260-8294 Holes 60 Size 0.42																												
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																												
Test Information: <table style="width: 100%;"> <tr> <td>Date: <u>03/15/2011</u></td> <td>Hours: <u>24</u></td> <td>Bbls oil: <u>96</u></td> <td>Mcf Gas: <u>162</u></td> <td>Bbls H2O: <u>0</u></td> </tr> <tr> <td colspan="2">Calculated 24 hour rate:</td> <td>Bbls oil: <u>96</u></td> <td>Mcf Gas: <u>162</u></td> <td>Bbls H2O: <u>0</u> GOR: <u>1688</u></td> </tr> <tr> <td>Test Method: <u>FLOWING</u></td> <td>Casing PSI: <u>738</u></td> <td>Tubing PSI: <u></u></td> <td colspan="2">Choke Size: <u>12/64</u></td> </tr> <tr> <td>Gas Disposition: <u>SOLD</u></td> <td>Gas Type: <u>WET</u></td> <td>BTU Gas: <u>1135</u></td> <td colspan="2">API Gravity Oil: <u>42</u></td> </tr> <tr> <td>Tubing Size: <u></u></td> <td>Tubing Setting Depth: <u></u></td> <td>Tbg setting date: <u></u></td> <td colspan="2">Packer Depth: <u></u></td> </tr> </table>				Date: <u>03/15/2011</u>	Hours: <u>24</u>	Bbls oil: <u>96</u>	Mcf Gas: <u>162</u>	Bbls H2O: <u>0</u>	Calculated 24 hour rate:		Bbls oil: <u>96</u>	Mcf Gas: <u>162</u>	Bbls H2O: <u>0</u> GOR: <u>1688</u>	Test Method: <u>FLOWING</u>	Casing PSI: <u>738</u>	Tubing PSI: <u></u>	Choke Size: <u>12/64</u>		Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1135</u>	API Gravity Oil: <u>42</u>		Tubing Size: <u></u>	Tubing Setting Depth: <u></u>	Tbg setting date: <u></u>	Packer Depth: <u></u>	
Date: <u>03/15/2011</u>	Hours: <u>24</u>	Bbls oil: <u>96</u>	Mcf Gas: <u>162</u>	Bbls H2O: <u>0</u>																								
Calculated 24 hour rate:		Bbls oil: <u>96</u>	Mcf Gas: <u>162</u>	Bbls H2O: <u>0</u> GOR: <u>1688</u>																								
Test Method: <u>FLOWING</u>	Casing PSI: <u>738</u>	Tubing PSI: <u></u>	Choke Size: <u>12/64</u>																									
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1135</u>	API Gravity Oil: <u>42</u>																									
Tubing Size: <u></u>	Tubing Setting Depth: <u></u>	Tbg setting date: <u></u>	Packer Depth: <u></u>																									
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																												
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>																												

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>8260</u>	Bottom: <u>8294</u>	No. Holes: <u>60</u>	Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">Frac J-Sand down 4-1/2" Csg w/ 147,840 gal Slickwater w/ 115,340# 40/70, 4,000# SB Excel</div>				
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>01/06/2011</u>		Date of First Production this formation: <u>03/01/2011</u>		
Perforations	Top: <u>7594</u>	Bottom: <u>7834</u>	No. Holes: <u>126</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">NB Perf 7594-7688 Holes 72 Size 0.38 CD Perf 7816-7834 Holes 54 Size 0.38 Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 239,568 gal Slickwater w/ 200,400# 40/70, 4,000# SB Excel Frac Codell down 4-1/2" Csg w/ 199,794 gal Slickwater w/ 150,040# 40/70, 4,000# SB Excel</div>				
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>
--

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
400143670	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)