

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: 400204093

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-

5. API Number 05-123-33125-00 6. County: WELD
 7. Well Name: NICHOLS Well Number: 2-8
 8. Location: QtrQtr: NWNE Section: 8 Township: 2N Range: 65W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/19/2011 Date of First Production this formation: 08/25/2011
 Perforations Top: 7130 Bottom: 7383 No. Holes: 132 Hole size: 0.38

Provide a brief summary of the formation treatment: _____ Open Hole:
 NB PERF 7130-7289 HOLES 68 SIZE 0.42 CD PERF 7367-7383 HOLES 64 SIZE 0.38
 Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 247,422 gal Slickwater w/ 200,720# 40/70, 4,000# SB Excel
 Frac Codell down 4-1/2" Csg w/ 205,464 gal Slickwater w/ 150,140# 40/70, 4,000# SB Excel

This formation is commingled with another formation: Yes No

Test Information:
 Date: 08/25/2011 Hours: 24 Bbls oil: 28 Mcf Gas: 140 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 28 Mcf Gas: 140 Bbls H2O: 0 GOR: 5000
 Test Method: FLOWING Casing PSI: 848 Tubing PSI: _____ Choke Size: 12/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1208 API Gravity Oil: 52
 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: _____ 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: _____ Director of COGCC Date: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| | |

Total Attach: 0 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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Total: 0 comment(s)