

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
----	----	----	----

Document Number:

400107089

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: 80217-37

5. API Number 05-123-19128-00 6. County: WELD
7. Well Name: HSR-GUTTERSEN Well Number: 11-1
8. Location: QtrQtr: NESW Section: 1 Township: 3N Range: 64W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/06/2010 Date of First Production this formation: 11/01/2010
Perforations Top: 6600 Bottom: 6874 No. Holes: 130 Hole size: 0.38

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

NBRR Perf 6600-6733 Holes 60 Size 0.42 CODL Perf 6862-6874 Holes 70 Size 0.38
Reperf NBRR 6600-6733 Holes 56 Size 0.42.
Refrac NBRR w/ 250 gal 15% HCl & 242,451 gal SW & 200,800# 40/70 sand & 4,000# 20/40 SB Excel.
Reperf CODL 6862-6874 Holes 60 Size 0.38.
Refrac CODL w/ 193,085 gal SW & 150,620# 40/70 sand & 4,000# 20/40 SB Excel.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 11/06/2010 Hours: 24 Bbls oil: 9 Mcf Gas: 87 Bbls H2O: 0
Calculated 24 hour rate: _____ Bbls oil: 9 Mcf Gas: 87 Bbls H2O: 0 GOR: 9667
Test Method: FLOWING Casing PSI: 878 Tubing PSI: 568 Choke Size: _____
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1285 API Gravity Oil: 48
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6951 Tbg setting date: 10/20/2010 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: _____