

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

Document Number:

400119387

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: Kenny Trueax
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6383
 3. Address: P O BOX 173779 Fax: (720) 929-7383
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-18198-00 6. County: WELD
 7. Well Name: HSR-GUTTERSEN Well Number: 6-21
 8. Location: QtrQtr: SENW Section: 21 Township: 3N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/03/2010 Date of First Production this formation: 06/03/1994

Perforations Top: 6725 Bottom: 7002 No. Holes: 138 Hole size: 0.42

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

NB Perfs 6725-6876 Holes 72 Size .42
Frac NB w/ 250 gal 15% HCl & 241,668 gal Slickwater w/ 201,740# 40/70 sand, 4,000# SB Excel sand
CD Perfs 6990-7002 Holes 48 Size .38
Frac CD w/ 198,899 gal Slickwater w/ 150,660# 40/70 sand, 4,000# SB Excel sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/12/2010 Hours: 24 Bbls oil: 14 Mcf Gas: 101 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 14 Mcf Gas: 101 Bbls H2O: 0 GOR: 7214

Test Method: Flowing Casing PSI: 1061 Tubing PSI: 785 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1281 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6753 Tbg setting date: 05/20/1994 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: Kenny Trueax

Title: Regulatory Analyst II

Date: _____

Email Kenny.Trueax@anadarko.com

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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

User Group	Comment	Comment Date

Total: 0 comment(s)