

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:

400120147

**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: 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 05-123-19134-00 6. County: WELD  
7. Well Name: HSR-GUTTERSEN Well Number: 16-1  
8. Location: QtrQtr: SESE Section: 1 Township: 3N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/21/2010</u>	Date of First Production this formation: <u>06/05/1996</u>
Perforations Top: <u>6651</u> Bottom: <u>6868</u>	No. Holes: <u>126</u> Hole size: <u>0.41</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<div>NB Perfs 6651-6732 Holes: 62 Size .41 Frac NB w/ 252 gal 15% HCl &amp; 239,022 gal Slickwater w/ 200,160# 40/70 sand, 4,000# SB Excel sand CD Perfs 6854-6868 Holes: 64 Size. .38 Frac CD w/ 203,196 gal Slickwater w/ 150,660# 40/70 sand, 4,000# SB Excel sand</div>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>12/24/2010</u> Hours: <u>24</u> Bbls oil: <u>21</u> Mcf Gas: <u>117</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate:	Bbls oil: <u>21</u> Mcf Gas: <u>117</u> Bbls H2O: <u>0</u> GOR: <u>5571</u>
Test Method: <u>Flowing</u> Casing PSI: <u>946</u> Tubing PSI: <u>582</u> Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1262</u> API Gravity Oil: <u>50</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6820</u> Tbg setting date: <u>11/04/2010</u> Packer Depth: _____	
Reason for Non-Production: <div></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:

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

:

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**

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>

Total: 0 comment(s)