

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

COMPLETED INTERVAL REPORT

Document Number:

400120147

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

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: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 10/21/2010 Date of First Production this formation: 06/05/1996
Perforations Top: 6651 Bottom: 6868 No. Holes: 126 Hole size: 0.41
Provide a brief summary of the formation treatment: Open Hole: [ ]
NB Perfs 6651-6732 Holes: 62 Size .41
Frac NB w/ 252 gal 15% HCl & 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
This formation is commingled with another formation: [ ] Yes [X] No
Test Information:
Date: 12/24/2010 Hours: 24 Bbls oil: 21 Mcf Gas: 117 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 21 Mcf Gas: 117 Bbls H2O: 0 GOR: 5571
Test Method: Flowing Casing PSI: 946 Tubing PSI: 582 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1262 API Gravity Oil: 50
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6820 Tbg setting date: 11/04/2010 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: 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**

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

Total: 0 comment(s)