

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:

400120158

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 05-123-19133-00 6. County: WELD
 7. Well Name: HSR-GUTTERSEN Well Number: 15-1
 8. Location: QtrQtr: SWSE Section: 1 Township: 3N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
 Treatment Date: 10/14/2010 Date of First Production this formation: 06/05/1996
 Perforations Top: 6582 Bottom: 6860 No. Holes: 124 Hole size: 0.47
 Provide a brief summary of the formation treatment: _____ Open Hole:
 NB Perfs: 6582-6720 Holes: 66 Size: .47
 Frac NB w/ 246,036 gal Slickwater w/ 200,250# 40/70 sand, 4,000# SB Excel sand
 CD Perfs: 6848-6860 Holes: 58 Size: .38
 Frac CD w/ 121,422 gal Silver Stim w/ 261,100# 40/70 sand, 4,000# SB Excel sand
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 12/23/2010 Hours: 24 Bbls oil: 10 Mcf Gas: 152 Bbls H2O: 0
 Calculated 24 hour rate: _____ Bbls oil: 10 Mcf Gas: 152 Bbls H2O: 0 GOR: 15200
 Test Method: Flowing Casing PSI: 1116 Tubing PSI: 697 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

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

Total: 0 comment(s)