

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:

400107134

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 05-123-19119-00 6. County: WELD
 7. Well Name: HSR-GUTTERSEN Well Number: 13-1
 8. Location: QtrQtr: SWSW Section: 1 Township: 3N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
 Treatment Date: 09/08/2010 Date of First Production this formation: 11/03/2010
 Perforations Top: 6568 Bottom: 6846 No. Holes: 157 Hole size: 0.31
 Provide a brief summary of the formation treatment: Open Hole:
 NBRR Perf 6568-6701 Holes 90 Size 0.31 CODL Perf 6832-6846 Holes 67 Size 0.31
 Reperf NBRR 6568-6701 Holes 84 Size 0.31.
 Refrac NBRR w/ 165,124 gal pHaser Hybrid & 239,417# 20/40 sand.
 Reperf CODL 6832-6846 Holes 56 Size 0.31.
 Refrac CODL w/ 122,437 gal pHaser & 261,400# 20/40 sand & 4,000# SB Excel.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 11/08/2010 Hours: 24 Bbls oil: 31 Mcf Gas: 151 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 31 Mcf Gas: 151 Bbls H2O: 0 GOR: 4871
 Test Method: FLOWING Casing PSI: 1150 Tubing PSI: 950 Choke Size: 16/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1285 API Gravity Oil: 48
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6819 Tbg setting date: 09/29/2010 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: 11/9/2010 Email Cindy.Vue@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: *David S. Neslin* Director of COGCC Date: 1/13/2011

Attachment Check List

Att Doc Num	Name
400107134	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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

Total: 0 comment(s)