

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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Document Number:

400124843

**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 05-123-19121-00 6. County: WELD  
7. Well Name: HSR-GUTTERSEN Well Number: 5-33  
8. Location: QtrQtr: SWNW Section: 33 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>09/27/2010</u>	Date of First Production this formation: <u>05/19/1996</u>
Perforations Top: <u>6776</u> Bottom: <u>7022</u>	No. Holes: <u>100</u> Hole size: <u>0.4</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<div>NB Perf: 6776-6887 Holes: 44 Size: .40 Frac NB w/ 250 gal 15% HCl &amp; 126,470 gal Super Z LpH Hybrid w/ 251,200# 20/40 sand, 4,000# SB Excel sand CD Perf: 7008-7022 Holes: 42 Size: .40 Frac CD w/ 124,916 gal Super Z LpH w/ 266,040# 20/40 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>01/28/2011</u> Hours: <u>24</u> Bbls oil: <u>5</u> Mcf Gas: <u>54</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>5</u> Mcf Gas: <u>54</u> Bbls H2O: <u>0</u> GOR: <u>10800</u>	
Test Method: <u>Flowing</u> Casing PSI: <u>674</u> Tubing PSI: <u>527</u> Choke Size: <u>24/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1316</u> API Gravity Oil: <u>48</u>	
Tubing Size: <u>2 + 1/6</u> Tubing Setting Depth: <u>6971</u> Tbg setting date: <u>10/15/2010</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: _____	

FORMATION: SUSSEX Status: TEMPORARILY ABANDONED

Treatment Date: 09/10/2010 Date of First Production this formation: 05/19/1996

Perforations Top: 4401 Bottom: 4441 No. Holes: 24 Hole size: 0.31

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

Ran magmafiber job 9/10/10 w/ 4 sacks coarse and 4 sacks fine; pressure tested at 500 psi for 15 min.

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_

Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_

Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ BTU Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_

Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ Packer Depth: \_\_\_\_\_

Reason for Non-Production:

TA for Niobrara/Codell recomplete

Date formation Abandoned: 09/10/2010 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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**Attachment Check List**

Att Doc Num	Name
400124917	OTHER

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)