

FORM
5A

Rev
02/08

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109

State of Colorado

Oil and Gas Conservation Commission



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Document Number:
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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: 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-

5. API Number 05-123-21699-00 6. County: WELD
 7. Well Name: GUTTERSEN Well Number: 10-20
 8. Location: QtrQtr: NWSE Section: 20 Township: 3N Range: 64W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED
 Treatment Date: 09/15/2010 Date of First Production this formation: 09/30/2010
 Perforations Top: 6984 Bottom: 6996 No. Holes: 58 Hole size: 0.38
 Provide a brief summary of the formation treatment: _____ Open Hole:
Re-Frac Codell down 4-1/2" Csg w/ 252 gal 15% HCl & 200,676 gal Slickwater w/ 150,360# 40/70, 4,040# SB Excel
 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:

 Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/21/2010 Date of First Production this formation: 09/30/2010

Perforations Top: 6712 Bottom: 6996 No. Holes: 144 Hole size: 0.38

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

Set tbg after CODL Refrac to commingle well.

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/30/2010 Hours: 24 Bbls oil: 7 Mcf Gas: 70 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 7 Mcf Gas: 70 Bbls H2O: 0 GOR: 10000

Test Method: FLOWING Casing PSI: 55 Tubing PSI: 950 Choke Size: 30/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1254 API Gravity Oil: 54

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6954 Tbg setting date: 09/21/2010 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 09/21/2010 Date of First Production this formation: 09/30/2010

Perforations Top: 6712 Bottom: 6870 No. Holes: 86 Hole size: 0.38

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

Set tbg to commingle well.

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: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

This well is on the Kerr-McGee O&G #47120 Delinquency List for missing NBRR reports since 11/2010. This Form 5A lists the most current status on this well and should ratify the missing NBRR reports since it was commingled 09/2010. Thank you.

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: _____ Email: Cindy.Vue@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

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

Total: 0 comment(s)