

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



Table with columns DE, ET, OE, ES

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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
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-
4. Contact Name: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-15507-00
6. County: WELD
7. Well Name: HSR-AUSTIN
Well Number: 16-26
8. Location: QtrQtr: SESE Section: 26 Township: 4N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: SUSSEX Status: PRODUCING

Treatment Date: 03/01/1995 Date of First Production this formation: 03/18/1995

Perforations Top: 4511 Bottom: 4516 No. Holes: 12 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole: [ ]

Fractured the Sussex down casing at 23 bpm at 2180 psi with 80,000 # 20/40 mesh sand and 141,000 # 16/30 mesh sand and 55,986 gallons of gelled fluid

This formation is commingled with another formation: [ ] Yes [X] No

Test Information:

Date: 10/12/2011 Hours: 24 Bbls oil: 4 Mcf Gas: 92 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 4 Mcf Gas: 92 Bbls H2O: 0 GOR: 23000

Test Method: FLOWING Casing PSI: 397 Tubing PSI: 370 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 66

Tubing Size: 2 Tubing Setting Depth: 7214 Tbg setting date: 03/27/2006 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 OIL & GAS (#47120) DELINQUENCY LIST. THIS FORM 5A SHOULD HAVE ALL OF THE UP TO DATE INFORMATION ON THE SUSSEX PRODUCING FORMATION FOR STATE RECORD. 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: 12/20/2011 Email: Cindy.Vue@anadarko.com

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400234474	FORM 5A SUBMITTED

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### General Comments

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

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