

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:

400251557

Date Received:

03/07/2012

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: CARA MAHLER  
Phone: (720) 929-6029  
Fax: (720) 929-7029

5. API Number 05-123-33514-00  
6. County: WELD  
7. Well Name: GUTTERSEN  
Well Number: 27N-5HZ  
8. Location: QtrQtr: SWSE Section: 5 Township: 3N Range: 63W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING  
Treatment Date: 01/03/2012 Date of First Production this formation: 01/16/2012  
Perforations Top: 7170 Bottom: 10976 No. Holes:            Hole size:             
Provide a brief summary of the formation treatment:            Open Hole: ☒  
FRAC'D THROUGH AN OPEN HOLE LINER BETWEEN 7170-10976. AVG TREATING PRESSURE 5427, AVERAGE RATE 56.4, TOTAL BBLS OF FLUID 74645, TOTAL SAND WEIGHT 3298220.

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

**Test Information:**

Date: 01/18/2012 Hours: 24 Bbls oil: 53 Mcf Gas: 253 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 53 Mcf Gas: 253 Bbls H2O: 0 GOR: 4774  
Test Method: FLOWING Casing PSI: 1900 Tubing PSI: 1500 Choke Size: 16/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1301 API Gravity Oil: 47  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6538 Tbg setting date: 01/12/2012 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: CARA MAHLER  
Title: REGULATORY ANALYST 1 Date: 3/7/2012 Email CARA.MAHLER@ANADARKO.COM

### Attachment Check List

Att Doc Num	Name
400251557	FORM 5A SUBMITTED

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

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