

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:

400102568

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: 80217-37

5. API Number 05-123-19127-00 6. County: WELD
7. Well Name: HSR-GUTTERSEN Well Number: 12-1
8. Location: QtrQtr: NWSW Section: 1 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>09/29/2010</u>	Date of First Production this formation: <u>10/12/2010</u>
Perforations Top: <u>6564</u> Bottom: <u>6840</u>	No. Holes: <u>140</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
<div>NBRR Perf 6564-6714 Holes 66 Size 0.42 CODL Perf 6824-6840 Holes 74 Size 0.38 Reperf NBRR 6564-6714 Holes 62 Size 0.42 Refrac NBRR w/ 252 gal 15% HCl & 245,532 gal SW & 201,160# 40/70 sand & 4,000# SB Excel. Reperf CODL 6824-6840 Holes 64 Size 0.38. Refrac CODL w/ 205,128 gal SW & 151,300# 40/70 sand & 4,000# SB Excel.</div>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>10/14/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>56</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>56</u> Bbls H2O: <u>0</u> GOR: <u></u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1700</u> Tubing PSI: <u>1150</u> Choke Size: <u>24/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1285</u> API Gravity Oil: <u>51</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6806</u> Tbg setting date: <u>10/06/2010</u> Packer Depth: <u></u>	
Reason for Non-Production: <div></div>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

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: 10/21/2010

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
400102568	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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Total: 0 comment(s)