

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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COMPLETED INTERVAL REPORT

Document Number:

400124665

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 05-123-19322-00 6. County: WELD  
 7. Well Name: HSR-GUNZNER Well Number: 13-13A  
 8. Location: QtrQtr: SWSW Section: 13 Township: 3N Range: 67W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED  
 Treatment Date: 12/03/2010 Date of First Production this formation: 03/11/1997  
 Perforations Top: 7278 Bottom: 7292 No. Holes: 54 Hole size: 0.38  
 Provide a brief summary of the formation treatment: Open Hole:   
Commingled with Niobrara  
 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: ISMAY Status: TEMPORARILY ABANDONED

Treatment Date: 11/09/2010 Date of First Production this formation: 03/11/1997

Perforations Top: 7724 Bottom: 7784 No. Holes: 18 Hole size: 0.31

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

JSND under sand plug set at 7858'

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: 11/12/2011 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 12/03/2010 Date of First Production this formation: 03/11/1997

Perforations Top: 7012 Bottom: 7154 No. Holes: 124 Hole size: 0.38

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

NB Perf: 7012-7154 Holes: 64 Size: .38  
Frac NB w/ 250 gal 15% HCl & 238,215 gal Slickwater w/ 200,340# 40/70 sand, 4,000# SB Excel sand  
CD Perf: 7278-7292 Holes: 42 Size: .38  
Frac CD w/ 204,979 gal Slickwater w/ 150,200# 40/70 sand, 4,000# SB Excel sand

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 01/17/2011 Hours: 24 Bbls oil: 30 Mcf Gas: 182 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 30 Mcf Gas: 182 Bbls H2O: 0 GOR: 6066

Test Method: Flowing Casing PSI: 2100 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1201 API Gravity Oil: 50

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: \_\_\_\_\_

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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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**

| <b>User Group</b> | <b>Comment</b> | <b>Comment Date</b> |
|-------------------|----------------|---------------------|
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