

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:

400120158

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: 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 05-123-19133-00 6. County: WELD
7. Well Name: HSR-GUTTERSEN Well Number: 15-1
8. Location: QtrQtr: SWSE 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>10/14/2010</u>	Date of First Production this formation: <u>06/05/1996</u>
Perforations Top: <u>6582</u> Bottom: <u>6860</u>	No. Holes: <u>124</u> Hole size: <u>0.47</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<div>NB Perfs: 6582-6720 Holes: 66 Size: .47 Frac NB w/ 246,036 gal Slickwater w/ 200,250# 40/70 sand, 4,000# SB Excel sand CD Perfs: 6848-6860 Holes: 58 Size: .38 Frac CD w/ 121,422 gal Silver Stim w/ 261,100# 40/70 sand, 4,000# SB Excel sand</div>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>12/23/2010</u> Hours: <u>24</u> Bbls oil: <u>10</u> Mcf Gas: <u>152</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate:	Bbls oil: <u>10</u> Mcf Gas: <u>152</u> Bbls H2O: <u>0</u> GOR: <u>15200</u>
Test Method: <u>Flowing</u> Casing PSI: <u>1116</u> Tubing PSI: <u>697</u> Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1262</u> API Gravity Oil: <u>50</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6820</u> Tbg setting date: <u>11/04/2010</u> Packer Depth: _____	
Reason for Non-Production: <div></div>	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 12/30/2010

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: _____

David S. Neslin

Director of COGCC

Date: 1/20/2011

Attachment Check List

Att Doc Num	Name
400120158	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)