

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



DE ET OE ES

Document Number:
400124843

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: 80217-37
4. Contact Name: Kenny Trueax
Phone: (720) 929-6383
Fax: (720) 929-7383

5. API Number 05-123-19121-00
6. County: WELD
7. Well Name: HSR-GUTTERSEN
Well Number: 5-33
8. Location: QtrQtr: SWNW Section: 33 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/27/2010 Date of First Production this formation: 05/19/1996
Perforations Top: 6776 Bottom: 7022 No. Holes: 100 Hole size: 0.4

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

NB Perf: 6776-6887 Holes: 44 Size: .40
Frac NB w/ 250 gal 15% HCl & 126,470 gal Super Z LpH Hybrid w/ 251,200# 20/40 sand, 4,000# SB Excel sand
CD Perf: 7008-7022 Holes: 42 Size: .40
Frac CD w/ 124,916 gal Super Z LpH w/ 266,040# 20/40 sand, 4,000# SB Excel sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/28/2011 Hours: 24 Bbls oil: 5 Mcf Gas: 54 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 54 Bbls H2O: 0 GOR: 10800
Test Method: Flowing Casing PSI: 674 Tubing PSI: 527 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1316 API Gravity Oil: 48
Tubing Size: 2 + 1/6 Tubing Setting Depth: 6971 Tbg setting date: 10/15/2010 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: SUSSEX Status: TEMPORARILY ABANDONED

Treatment Date: 09/10/2010 Date of First Production this formation: 05/19/1996
Perforations Top: 4401 Bottom: 4441 No. Holes: 24 Hole size: 0.31

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

Ran magmafiber job 9/10/10 w/ 4 sacks coarse and 4 sacks fine; pressure tested at 500 psi for 15 min.

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: 09/10/2010 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: 2/24/2011 Email Kenny.Trueax@anadarko.com

Attachment Check List

Att Doc Num	Name
400124843	FORM 5A SUBMITTED
400124917	OTHER

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)