

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



Table with 4 columns: DE, ET, OE, ES

Document Number: 400251557

Date Received:

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: Field Code:

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 01/03/2012 Date of First Production this formation: 01/16/2012

Perforations Top: Bottom: No. Holes: Hole size:

Provide a brief summary of the formation treatment: Open Hole: [X]

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 [X] 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: Email CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)