

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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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: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>01/03/2012</u>	Date of First Production this formation: <u>01/16/2012</u>
Perforations Top: _____ Bottom: _____	No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input checked="" type="checkbox"/>
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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>01/18/2012</u> Hours: <u>24</u>	Bbls oil: <u>53</u> Mcf Gas: <u>253</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>53</u> Mcf Gas: <u>253</u> Bbls H2O: <u>0</u> GOR: <u>4774</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1900</u> Tubing PSI: <u>1500</u> Choke Size: <u>16/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1301</u> API Gravity Oil: <u>47</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6538</u>	Tbg setting date: <u>01/12/2012</u> Packer Depth: _____
Reason for Non-Production: _____	
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: 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)