

COMPLETED INTERVAL REPO



FOR OGCC USE ONLY

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OGCC

This form is to be submitted or updated each time a new formation is completed or abandoned. This form shall be transmitted within (30) days of work. Additional information is found under Rule 308. Complete a section for each formation completed or recompleted including all attempted completions. Attach as many pages as required to fully describe the work.

Complete the
Attachment Checklist

Oper OGCC

1. OGCC Operator Number: 47120		4. Contact Name & Phone Elaine Winick		Wellbore Diagram		
2. Name of Operator: Kerr-McGee Rocky Mountain Corporation				Site Facility Diagram		
3. Address: 3939 Carson Avenue		No: 970-330-0614				
City: Evans State: CO Zip: 80620		Fax: 970-330-0431				
5. API Number: 05-123-19785		6. County: Weld				
7. Well Name: HSR-LEPPLA		Well Number: 16-2				
8. Location (Qtr, Sec, Twp, Rng, Meridian): SESE Sec 2-T1N-R68W 6th P.M.						
List in order of completion:						
FORMATION: JNBCD		<input checked="" type="checkbox"/> Producing <input type="checkbox"/> Abandoned <input type="checkbox"/> Shut-in		<input checked="" type="checkbox"/> Commingled		
Perforations Gross Interval: Top		Bottom	No. Holes:	Size:	Open Hole Completion (check if yes)	
Formation Treatment Describe:						
Commingled JNBCD						
Test Interval Date: 10/02/01		Hours: 24	Bbls Oil: 8	MCF Gas: 268	Bbls H ₂ O: 0	
Production Test Method: flowing		Casing Pressure: 425	Flowing Tubing Pressure: 375	Choke Size N/A		
API Gravity Oil: <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Condensate 60		BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> CO ₂ <input type="checkbox"/> Helium <input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other	Gas Disposition: sold		
Calculated 24 Hr Rate Bbls Oil: 8		MCF Gas: 268	Bbls H ₂ O: 0	GOR 33500		
Production Method: flowing						
Tubing Size: 2-3/8"		Setting Depth: 8183'	Packer Depth: N/A			
Reason for Non-Production						
Abandonment of Zone Date:		Squeezed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sacks Cement:			
Bridge Plug Depth:		Sacks Cement on Top:				
FORMATION:		<input type="checkbox"/> Producing <input type="checkbox"/> Abandoned <input type="checkbox"/> Shut-in		<input type="checkbox"/> Commingled		
Perforations Gross Interval: Top		Bottom	No. Holes:	Size:	Open Hole Completion (check if yes)	
Formation Treatment Describe:						
Test Interval Date:						
Hours:		Bbls Oil:	MCF Gas:	Bbls H ₂ O:		
Production Test Method:		Casing Pressure:	Flowing Tubing Pressure:	Choke Size		
API Gravity Oil: <input type="checkbox"/> Oil <input type="checkbox"/> Condensate		BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> CO ₂ <input type="checkbox"/> Helium <input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other	Gas Disposition: sold		
Calculated 24 Hr Rate Bbls Oil:		MCF Gas:	Bbls H ₂ O:	GOR		
Production Method:						
Tubing Size:		Setting Depth:	Packer Depth:			
Reason for Non-Production						
Abandonment of Zone Date:		Squeezed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sacks Cement:			
Bridge Plug Depth:		Sacks Cement on Top:				

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name Elaine Winick

Signed: Elaine Winick Title: Operations Technician Date: 11/12/01