

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2111

COMPLETED INTERVAL REPC



00909106

FOR OGCC USE ONLY

RECEIVED

NOV 27 11

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

Operator OGCC

1. OGCC Operator Number: <u>47120</u>		4. Contact Name & Phone		Wellbore Diagram		
2. Name of Operator: <u>Kerr-McGee Rooky Mountain Corporation</u>		Elaine Winick		Site Facility Diagram		
3. Address: <u>3939 Carson Avenue</u>		No: <u>970-330-0614</u>				
City: <u>Evans</u> State: <u>CO</u> Zip: <u>80620</u>		Fax: <u>970-330-0431</u>				
5. API Number: <u>05-123-20310</u>		6. County: <u>Weld</u>				
7. Well Name: <u>HSR-ENDERSON</u>		Well Number: <u>4-11A</u>				
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NWNW Sec 11-T2N-R67W 6th P.M.</u>						
FORMATION: <u>JSND</u> <input checked="" type="checkbox"/> Producing <input type="checkbox"/> Abandoned <input type="checkbox"/> Shut-in <input type="checkbox"/> Commingled						
Perforations Gross Interval: <u>Top</u>		Bottom: <u>7904'</u>	No. Holes: <u>96</u>	Size: <u>.42"</u>	Open Hole Completion (check if yes) <input type="checkbox"/>	
Formation Treatment Describe: <u>Frac'd J Sand w/506250# 20/40 mesh; 238980 gal. Gelled fluid</u>						
Test Informa Date: <u>07/05/01</u>		Hours: <u>24</u>	Bbls Oil: <u>2</u>	MCF Gas: <u>751</u>	Bbls H ₂ O: <u>0</u>	
Production Test Method: <u>flowing</u>		Casing Pressure: <u>950</u>	Flowing Tubing Pressure: <u>800</u>	Choke Size: <u>16/64"</u>		
API Gravity Oil: <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Condensate		BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> CO ₂ <input type="checkbox"/> Helium	Gas Disposition: <u>sold</u>		
Calculated 24 Hr Rate		Bbls Oil: <u>2</u>	MCF Gas: <u>751</u>	Bbls H ₂ O: <u>0</u>	GOR: <u>375500</u>	
Production Method: <u>flowing</u>						
Tubing Size: <u>2-3/8"</u>		Setting Depth: <u>7787'</u>	Packer Depth: <u>N/A</u>			
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: <u>Top</u>		Bottom:	No. Holes:	Size:	Open Hole Completion (check if yes) <input type="checkbox"/>	
Formation Treatment Describe:						
Test Informa 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 checked="" type="checkbox"/> Condensate		BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> CO ₂ <input type="checkbox"/> Helium	Gas Disposition: <u>sold</u>		
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: 10/19/01