

State of Colorado
Oil and Gas Conservation Commis



01340132

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax (303)894-2109

FOR OGCC USE ONLY

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SEP -3 02

OGCC

Complete the
Attachment Checklist

Oper OGCC

COMPLETED INTERVAL REPORT

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.

1. OGCC Operator Number: 47120		4. Contact Name & Phone		Wellbore Diagram		
2. Name of Operator: Kerr-McGee Rocky Mountain Corporation		Elaine Winick		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: 05-123-18238		6. County: Weld				
7. Well Name: HSR-B/R "D"		Well Number: 10-20				
8. Location (Qtr, Sec, Twp, Rng, Meridian): NWSE Sec 20-T3N-R67W 6th P.M.						
FORMATION: NB-CD		<input checked="" 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: Reperforate Codell from 7098' - 7108'						
07/01/02 Refrac CODL 0 # 100 mesh 261520 # 20/40 mesh 95045 gal. Gelled fluid						
Test production represents NB-CD formations						
Test Inform Date: 08/17/02		Hours: 24	Bbls Oil: 38	MCF Gas: 120	Bbls H ₂ O: 0	
Production Test Method: plunger		Casing Pressure: 725	Flowing Tubing Pressure: 600	Choke Size 18/64"		
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	Gas Disposition: sold		
60 <input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other						
Calculated 24 Hr Rate Bbls Oil: 38		MCF Gas: 120	Bbls H ₂ O: 0	GOR 3158		
Production Method: plunger						
Tubing Size: 2-3/8"		Setting Depth: 7080'	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 Inform 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	Gas Disposition:		
60 <input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other						
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: 08/29/02