

FORM

5A

Rev 6/99

**State of Colorado**  
**Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-21

**COMPLETED INTERVAL REPORT**

FOR OGCC USE ONLY

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NOV 13 01

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: <u>47120</u>		4. Contact Name & Phone		Wellbore Diagram		
2. Name of Operator: <u>Kerr-McGee Rocky 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>05-123-20336</u>		6. County: <u>Weld</u>				
7. Well Name: <u>HSR-PARKER</u>		Well Number: <u>15-16A</u>				
8. Location (Qtr, Sec, Twp, Rng, Meridian): <u>SWSE Sec 16-T2N-R67W 6th P.M.</u>						
<b>FORMATION:</b> <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>8070'</u>	No. Holes: <u>66</u>	Size: <u>.42"</u>	Open Hole Completion (check if yes) <input type="checkbox"/>		
Formation Treatment Describe: <u>Frac'd J Sand w/560080# 20/40 mesh; 239022 gal. Gelled fluid</u>						
Test Inform Date: <u>08/27/01</u>	Hours: <u>24</u>	Bbls Oil: <u>2</u>	MCF Gas: <u>227</u>	Bbls H <sub>2</sub> O: <u>0</u>		
Production Test Method: <u>flowing</u>	Casing Pressure: <u>500</u>	Flowing Tubing Pressure: <u>460</u>	Choke Size: <u>12/64"</u>			
API Gravity Oil: <input type="checkbox"/> Oil <u>60</u> <input type="checkbox"/> Condensate	BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> CO <sub>2</sub> <input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas	<input type="checkbox"/> Helium <input type="checkbox"/> Other	Gas Disposition: <u>sold</u>		
Calculated 24 Hr Rate	Bbls Oil: <u>2</u>	MCF Gas: <u>227</u>	Bbls H <sub>2</sub> O: <u>0</u>	GOR: <u>113500</u>		
Production Method: <u>flowing</u>						
Tubing Size: <u>2-3/8"</u>	Setting Depth: <u>7949'</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:					
<b>FORMATION:</b> <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 Inform Date:	Hours:	Bbls Oil:	MCF Gas:	Bbls H <sub>2</sub> 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 <sub>2</sub> <input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas	<input type="checkbox"/> Helium <input type="checkbox"/> Other	Gas Disposition: <u>sold</u>		
Calculated 24 Hr Rate	Bbls Oil:	MCF Gas:	Bbls H <sub>2</sub> 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 WinickSigned: Elaine Winick Title: Operations Technician Date: 11/07/01