

State of Colorado  
Oil and Gas Conservation Commission  
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

Operator OGCC

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: 05-123-20336		6. County: Weld				
7. Well Name: HSR-PARKER		Well Number: 15-16A				
8. Location (Qtr, Sec, Twp, Rng, Meridian): SWSE Sec 16-T2N-R67W 6th P.M.						
FORMATION: JSND		<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)	
8034'		8070'	66	.42"	<input type="checkbox"/>	
Formation Treatment Describe:						
Frac'd J Sand w/560080# 20/40 mesh; 239022 gal. Gelled fluid						
Test Interval Date: 08/27/01		Hours: 24	Bbls Oil: 2	MCF Gas: 227	Bbls H <sub>2</sub> O: 0	
Production Test Method: flowing		Casing Pressure: 500	Flowing Tubing Pressure: 460	Choke Size 12/64"		
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"/> Helium <input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other	Gas Disposition: sold		
Calculated 24 Hr Rate Bbls Oil: 2		MCF Gas: 227	Bbls H <sub>2</sub> O: 0	GOR 113500		
Production Method: flowing						
Tubing Size: 2-3/8"		Setting Depth: 7949'	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)	
					<input type="checkbox"/>	
Formation Treatment Describe:						
Test Interval 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"/> 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 <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 Winick

Signed: Elaine Winick Title: Operations Technician Date: 11/07/01