


FORM 5A Rev 6/99	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100	 00907922	FOR OGCC USE ONLY RECEIVED OCT 18 01 COGCC
COMPLETED INTERVAL REPORT			Complete the <u>Attachment Checklist</u>
<p>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.</p>			Oper OGCC
1. OGCC Operator Number: <u>47120</u>		4. Contact Name & Phone Elaine Winick	Wellbore Diagram
2. Name of Operator <u>Kerr-McGee Rocky Mountain Corporation</u>		No: <u>970-330-0614</u>	Site Facility Diagram
3. Address: <u>3939 Carson Avenue</u>		Fax: <u>970-330-0431</u>	
City: <u>Evans</u> State: <u>CO</u> Zip: <u>80620</u>			
5. API Number: <u>05-123-20309</u> 6. County: <u>Weld</u>			
7. Well Name: <u>HSR-KUNZMAN FEDERAL</u> Well Number: <u>16-6A</u>			
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SESE Sec 6-T2N-R66W 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> <u>7779'</u>		Bottom: <u>7837'</u>	No. Holes: <u>90</u> Size: <u>.38"</u> Open Hole Completion (check if yes) <input type="checkbox"/>
Formation Treatment Describe: <u>Frac'd J Sand w/500720# 20/40 mesh; 211666 gal. Gelled fluid</u>			
Test Information Date: <u>06/14/01</u>		Hours: <u>24</u>	Bbls Oil: <u>3</u> MCF Gas: <u>691</u> Bbls H ₂ O: <u>0</u>
Production Test Method: <u>flowing</u>		Casing Pressure: <u>725</u>	Flowing Tubing Pressure: <u>600</u> Choke Size: <u>N/A</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 ₂ <input type="checkbox"/> Helium <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other	Gas Disposition: <u>sold</u>
Calculated 24 Hr Rate Bbls Oil: <u>3</u>		MCF Gas: <u>691</u>	Bbls H ₂ O: <u>0</u> GOR: <u>230333</u>
Production Method: <u>flowing</u>			
Tubing Size: <u>2-3/8"</u>		Setting Depth: <u>7740'</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 Information 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"/> Coal Gas <input type="checkbox"/> Other 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: 10/14/01