

FORM 5A

Rev 06/12

State of Colorado

Oil and Gas Conservation Commission

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



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Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 47120 4. Contact Name: KENNY TRUEAX
 2. Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6383
 3. Address: P O BOX 173779 Fax: _____
 City: DENVER State: CO Zip: 80217- Email: RSCDJPOSTDRILL@ANADARKO.COM

5. API Number 05-123-30684-00 6. County: WELD
 7. Well Name: NELSON Well Number: 7-35
 8. Location: QtrQtr: NWNE Section: 35 Township: 2N Range: 68W Meridian: 6
 9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/23/2013 End Date: 10/23/2013 Date of First Production this formation: 04/21/2010

Perforations Top: 7828 Bottom: 7848 No. Holes: 60 Hole size: 0.38

Provide a brief summary of the formation treatment: _____ Open Hole:

Re-frac Codell w/150,040# 40/70, 4,000# Super LC and 4735 bbl SW
*85 bbls flowback recovered before well died and pep. for swabbing

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 4735 Max pressure during treatment (psi): 4816

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.82

Total acid used in treatment (bbl): _____ Number of staged intervals: 1

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 85

Fresh water used in treatment (bbl): 4735 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 154040 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: NIORARA-CODELL Status: PRODUCING Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: 04/19/2010
 Perforations Top: 7535 Bottom: 7848 No. Holes: 142 Hole size: 0.38
 Provide a brief summary of the formation treatment: _____ Open Hole:
 This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
 Total acid used in treatment (bbl): _____ Number of staged intervals: _____
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
 Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
 Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/12/2014 Hours: 24 Bbl oil: 2 Mcf Gas: 42 Bbl H2O: 0
 Calculated 24 hour rate: Bbl oil: 2 Mcf Gas: 42 Bbl H2O: 0 GOR: 18750
 Test Method: Flowing Casing PSI: 225 Tubing PSI: 174 Choke Size: _____
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1227 API Gravity Oil: 50
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7792 Tbg setting date: 11/22/2013 Packer Depth: _____
 Reason for Non-Production: _____
 Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
 ** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
 Signed: _____ Print Name: KENNETH TRUEAX
 Title: SR. REGULATORY ANALYST Date: _____ Email: RSCDJPOSTDRILL@ANADARKO.COM

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)