

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



Table with columns DE, ET, OE, ES

Document Number: 400606631

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
2. Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779 City: DENVER State: CO Zip: 80217-
4. Contact Name: REBECCA HEIM Phone: (720) 929-6361 Fax: (720) 929-7361 Email: REBECCA.HEIM@ANADARKO.COM

5. API Number 05-123-18588-00
6. County: WELD
7. Well Name: CAROLE RED V Well Number: 1-15
8. Location: QtrQtr: SWSE Section: 1 Township: 2N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: ABANDONED WELLBORE/COMPLETION Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 11/18/1994

Perforations Top: 7350 Bottom: 7367 No. Holes: 69 Hole size: 0.32

Provide a brief summary of the formation treatment: Open Hole: [ ]

Set CIBP @ 7300' with 30 sacks cement on top

This formation is commingled with another formation: [ ] Yes [X] 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: 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: PREP FOR P&A

Date formation Abandoned: 01/22/2014 Squeeze: [ ] Yes [ ] No If yes, number of sacks cmt

\*\* Bridge Plug Depth: 7300 \*\* Sacks cement on top: 30 \*\* Wireline and Cement Job Summary must be attached.

Comment:

GYRO ATTACHED AS "OTHER"

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: REBECCA HEIM  
Title: SR. REGULATORY ANALYST Date: \_\_\_\_\_ Email RSCDJPOSTDRILL@ANADARKO.COM  
:

### Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u>           |
|--------------------|-----------------------|
| 400606635          | CEMENT JOB SUMMARY    |
| 400606636          | OTHER                 |
| 400606637          | WIRELINER JOB SUMMARY |

Total Attach: 3 Files

### General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
|                   |                |                     |

Total: 0 comment(s)