

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400606631

Date Received: 05/12/2014

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 Treatment Type: WELLBORE/COMPLETION

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: 5/12/2014

Email: RSCDJPOSTDRILL@ANADARKO.COM

:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400606631	FORM 5A SUBMITTED
400606635	CEMENT JOB SUMMARY
400606636	OTHER
400606637	WIRELINE JOB SUMMARY

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
#Error	Gyro Survey under other.	1/13/2015 9:02:36 AM

Total: 1 comment(s)