

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

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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, reoperation 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: KENNY TRUEAX Phone: (720) 929-6383 Fax: (720) 929-7383 Email: RSCDJPOSTDRILL@ANADARKO.COM

5. API Number 05-123-24942-00 6. County: WELD 7. Well Name: CARMA Well Number: 8-35 8. Location: QtrQtr: SWNE Section: 35 Township: 3N Range: 68W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/29/2013 End Date: 10/29/2013 Date of First Production this formation: 10/01/2008 Perforations Top: 7412 Bottom: 7430 No. Holes: 54 Hole size: 0.38

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

CODELL REFRAC 4801 BBL FR WATER, 4801 BBL TOTAL FLUID. 150000# 40/70 SAND, 4000# 20/40 SAND, 154000# TOTAL SAND.

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 4801 Max pressure during treatment (psi): 5063 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.30 Type of gas used in treatment: Min frac gradient (psi/ft): 0.87 Total acid used in treatment (bbl): 0 Number of staged intervals: 1 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 0 Fresh water used in treatment (bbl): 4801 Disposition method for flowback: RECYCLE Total proppant used (lbs): 154000 Rule 805 green completion techniques were utilized: [X] 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: 10/01/2008

Perforations Top: 7162 Bottom: 7430 No. Holes: 126 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: 02/21/2014 Hours: 24 Bbl oil: 25 Mcf Gas: 152 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 25 Mcf Gas: 152 Bbl H2O: 0 GOR: 6080

Test Method: FLOWING Casing PSI: 1006 Tubing PSI: 959 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1251 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7388 Tbg setting date: 11/13/2013 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: 2/21/2014 Email: RSCDJPOSTDRILL@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400552015	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)