

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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Document Number:

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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

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: CANDICE BARBER

Phone: (970) 515-1671

Fax:

Email: CANDICE.BARBER@ANADARKO.COM

5. API Number 05-123-16907-00

7. Well Name: HEIN W

8. Location: QtrQtr: NWSW Section: 19 Township: 2N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 19-12

Completed Interval

FORMATION: CODELL	Status: TEMPORARILY ABANDONED	Treatment Type:		
Treatment Date:	End Date:	Date of First Production this formation: 09/25/1993		
Perforations	Top: 7406	Bottom: 7418	No. Holes: 48	Hole size: 0.32
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/>		
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: THE ASSOCIATED TANK BATTERY HAS BEEN ABANDONED AS PER THE FLOODPLAIN COMPLIANCE AGREEMENT BETWEEN COGCC AND KERR-MCGEE. THE WELL WILL BE PLUGGED AND ABANDONED PRIOR TO 3/31/2018.

Date formation Abandoned: 09/18/2017	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: CANDICE BARBER
Title: REGULATORY ANALYST Date: _____ Email: RSCDJPOSTDRILL@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
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Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)