

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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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, 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 05-123-18499-00
6. County: WELD
7. Well Name: AXELSON Well Number: 24-19
8. Location: QtrQtr: SESW Section: 19 Township: 3N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: ABANDONED WELLBORE/COMPLETION Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 02/21/2003

Perforations Top: 7748 Bottom: 7804 No. Holes: 1 Hole size: 0.38

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

Set CIBP @ 7050 with 15 sacks cement No. Holes information is not available.

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: 10/11/2013 Squeeze: [] Yes [] No If yes, number of sacks cmt

** Bridge Plug Depth: 7050 ** Sacks cement on top: 15 ** Wireline and Cement Job Summary must be attached.

FORMATION: NIORARA-CODELL Status: ABANDONED WELLBORE/COMPLETION Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: 11/01/1994
 Perforations Top: 7092 Bottom: 7319 No. Holes: 14 Hole size: 0.31
 Provide a brief summary of the formation treatment: _____ Open Hole:

Set CIBP @ 7340 with 2 sacks cement.

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: _____ 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: 10/11/2013 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 7340 ** Sacks cement on top: 2 ** 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: REGULATORY ANALYST II Date: 11/19/2013 Email: RSCDJPOSTDRILL@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400511930	FORM 5A SUBMITTED
400511932	OTHER
400511933	WIRELINE JOB SUMMARY
400514801	CEMENT JOB SUMMARY

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Operator has record of 15 sack, but not the extra 2.	1/24/2014 7:44:01 AM
Permit	Second request.	1/23/2014 3:36:26 PM
Permit	Requested Cement Job Summary for 2 sacks of cement.	12/18/2013 11:06:16 AM

Total: 3 comment(s)