

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: 400622644

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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 05-123-07995-00
6. County: WELD
7. Well Name: BROWN, GORDON D. UNIT Well Number: 1
8. Location: QtrQtr: SWNE Section: 2 Township: 1N Range: 66W 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: 08/29/2014
Perforations Top: 7539 Bottom: 7555 No. Holes: 64 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: 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: HZ SAFETY PREP

Date formation Abandoned: 03/18/2014 Squeeze: Yes No If yes, number of sacks cmt

** Bridge Plug Depth: 7488 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

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

Treatment Date: End Date: Date of First Production this formation: 10/18/1974
Perforations Top: 8000 Bottom: 8024 No. Holes: 28 Hole size: 0.35

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

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: HZ SAFETY PREP

Date formation Abandoned: 03/18/2014 Squeeze: [] Yes [] No If yes, number of sacks cmt

** Bridge Plug Depth: 7950 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

Comment:
CIBP @ 6700 W/CMT CAP
CIBP @ 7488 W/CMT CAP
CIBP @ 7950 W/CMT CAP

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: 6/27/2016 Email: RSCDJPOSTDRILL@ANADARKO.COM

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Rows include 400622644 FORM 5A SUBMITTED, 400622654 WIRELINE JOB SUMMARY, 400622656 CEMENT JOB SUMMARY, 401068771 WIRELINE JOB SUMMARY.

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Pass	6/28/2016 1:26:49 PM
Permit	Plug depths and abandonment dates do not seem to match attachments.	6/16/2016 1:34:34 PM

Total: 2 comment(s)