

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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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 4. Contact Name: Kayla Hesseltine
 2. Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6552
 3. Address: P O BOX 173779 Fax: _____
 City: DENVER State: CO Zip: 80217- Email: kayla.hesseltine@anadarko.com

5. API Number 05-123-39138-00 6. County: WELD
 7. Well Name: REYNOLDS CATTLE Well Number: 5C-23HZ
 8. Location: QtrQtr: SENE Section: 23 Township: 3N Range: 68W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CARLILE Status: COMMINGLED Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
 Perforations Top: 7969 Bottom: 8262 No. Holes: 624 Hole size: _____
 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: _____
 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: CODELL-CARLILE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/02/2014 End Date: 12/09/2014 Date of First Production this formation: 01/31/2015

Perforations Top: 7903 Bottom: 13252 No. Holes: 648 Hole size: 0.37

Provide a brief summary of the formation treatment: _____ Open Hole:

PERF AND FRAC FROM 7903-13252.
 101132 BBL SLICKWATER, 5950 BBL WATER, 107082 BBL TOTAL FLUID.
 2853216# 100 MESH OTTAWA/ST. PETERS, 2853216# TOTAL SAND.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 107082 Max pressure during treatment (psi): 7264

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): 0.76

Total acid used in treatment (bbl): 0 Number of staged intervals: 27

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 112

Fresh water used in treatment (bbl): 107082 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 2853216 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/09/2015 Hours: 24 Bbl oil: 178 Mcf Gas: 298 Bbl H2O: 93

Calculated 24 hour rate: Bbl oil: 178 Mcf Gas: 298 Bbl H2O: 93 GOR: 1674

Test Method: FLOWING Casing PSI: 500 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1290 API Gravity Oil: 49

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: CODELL Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 7903 Bottom: 13252 No. Holes: 624 Hole size: _____

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: _____

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: Kayla Hesseltnine

Title: Regulatory Specialist Date: _____ Email kayla.hesseltnine@anadarko.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)