

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: 401079915 Date Received: 07/18/2016

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: DOREEN GREEN Phone: (970) 336-3517 Fax: Email: DOREEN.GREEN@ANADARKO.COM

5. API Number 05-123-16568-00 6. County: WELD 7. Well Name: BLUFFS WHITE W Well Number: 5-2A 8. Location: QtrQtr: NWNE Section: 5 Township: 2N Range: 66W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED Treatment Type: Treatment Date: End Date: Date of First Production this formation: Perforations Top: 7823 Bottom: 7867 No. Holes: 80 Hole size: 0.21 Provide a brief summary of the formation treatment: Open Hole: This formation is commingled with another formation: [X] 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: EVALUATING

Date formation Abandoned: 09/10/2015 Squeeze: [] Yes [] No If yes, number of sacks cmt

** Bridge Plug Depth: 7130 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA-CODELL Status: TEMPORARILY ABANDONED Treatment Type: _____

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

Perforations Top: 7180 Bottom: 7416 No. Holes: 153 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: EVALUATING

Date formation Abandoned: 09/10/2015 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 7130 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

RBP W/SAND CAP @ 7130.

11/2013-HZ SAFETY PREP AND REMEDIAL CEMENT WORK COMPLETED. CEMENT WORK REPORTED ON FORM 5. RBP W/SAND CAP WAS SET @ 3434, NOT REPORTED, CIRC WAS SET @ 3160 AND 112 SACKS OF CEMENT WERE PUMPED.

09/2015-ATTEMPT WAS MADE TO UN-PREP THE WELL AND RETURN TO PRODUCTION. CEMENT AND CIRC WERE MILLED OUT. PRESSURE TEST CASING FAILED. RBP @ 3434 WAS REMOVED AND NEW RBP W/SAND CAP WAS SET @ 7130. SEE THE ATTACHED OPERATIONS SUMMARY REPORT.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: DOREEN GREEN

Title: REGULATORY ANALYST Date: 7/18/2016 Email: RSCDJPOSTDRILL@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
401079915	FORM 5A SUBMITTED
401079956	OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Added hole size from scout card and answers to open hole and commingled questions. Form 7 is currently missing months 11/2016 for all formations.	03/07/2017

Total: 1 comment(s)