

<b>FORM 5A</b> Rev 06/12	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number: 401042840  Date Received:				
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: <u>47120</u> 2. Name of Operator: <u>KERR MCGEE OIL &amp; GAS ONSHORE LP</u> 3. Address: <u>P O BOX 173779</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	4. Contact Name: <u>DOREEN GREEN</u> Phone: <u>(970) 336-3517</u> Fax: _____ Email: <u>DOREEN.GREEN@ANADARKO.COM</u>
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5. API Number <u>05-123-22256-00</u> 7. Well Name: <u>MCLAUGHLIN</u> 8. Location: QtrQtr: <u>SESE</u> Section: <u>8</u> Township: <u>3N</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	6. County: <u>WELD</u> Well Number: <u>16-8</u> Range: <u>67W</u> Meridian: <u>6</u>
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**Completed Interval**

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>TEMPORARILY ABANDONED</u>	Treatment Type: _____
Treatment Date: _____	End Date: _____	Date of First Production this formation: _____	
Perforations Top: <u>6883</u>	Bottom: <u>7156</u>	No. Holes: <u>134</u>	Hole size: _____
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: <u>HZ SAFETY PREP</u>				
Date formation Abandoned: <u>06/02/2014</u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
** Bridge Plug Depth: <u>6800</u>	** Sacks cement on top: _____	** Wireline and Cement Job Summary must be attached.		

Comment:

RBP W/SAND CAP @ 6800  
MIT PERFORMED 02/25/2016, APPROVED 03/01/2016  
THIS 5A IS BEING SUBMITTED TO UPDATE STATE WEBSITE RECORDS

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: \_\_\_\_\_ Email: RSCDJPOSTDRILL@ANADARKO.COM  
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### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401042874	OPERATIONS SUMMARY

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)