

FORM  
5A  
Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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COMPLETED INTERVAL REPORT

Document Number:  
2555655

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: 80217-37  
4. Contact Name: CINDY VUE  
Phone:  
Fax:

5. API Number 05-123-30653-00  
6. County: WELD  
7. Well Name: CAMP Well Number: 16-25  
8. Location: QtrQtr: SWSE Section: 25 Township: 3N Range: 66W Meridian: 6  
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/03/2010 Date of First Production this formation: 05/17/2010

Perforations Top: 7314 Bottom: 7612 No. Holes: 128 Hole size: 38/100

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

NBRR PERF 7314-7476 HOLES 64 SIZE 0.42. CODL PERF 7596-7612 HOLES 64 SIZE 0.38. FRAC NBRR W/ 500 GAL 15% HCl AND 260601 GAL SW AND 201020# 40/70 SAND AND 4000# SB EXCEL. FRAC CODL W/ 211221 GAL SW AND 150700# 40/70 SAND AND 4000# SB EXCEL.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 05/31/2010 Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: 70 Mcf Gas: 189 Bbls H2O: 0 GOR: 2700

Test Method: FLOWING Casing PSI: 1500 Tubing PSI: Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1207 API Gravity Oil: 54

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:

Comment:

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

Signed: Print Name: CINDY VUE

Title: REG ANALYST II Date: 6/10/2010 Email: CINDY.VUE@ANADARKO.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved:

*David S. Neslin*

Director of COGCC

Date: 10/5/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2555655	FORM 5A SUBMITTED	LF@2506264 2555655

Total Attach: 1 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	FLOWING TURBING PRESSURE NOT AVAILABLE.	10/5/2010 1:35:07 PM

Total: 1 comment(s)