

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:

2511068

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: CINDY VUE
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 9896832
 3. Address: P O BOX 173779 Fax: (720) 9297832
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-30719-00 6. County: WELD
 7. Well Name: CAMP Well Number: 24-24
 8. Location: QtrQtr: SENE Section: 24 Township: 3N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 02/16/2010 Date of First Production this formation: 02/24/2010

Perforations Top: 7156 Bottom: 7430 No. Holes: 122 Hole size: 38/100

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

NBRR PERF 7156-7272 HOLES 62 SIZE 0.42 CODL PERF 7410-7430 HOLES 60 SIZE 0.38
 FRAC NBRR W/ 236397 GAL SW & 201600# 40/70 SAND & 4000# 20/40 SB EXCEL.
 FRAC CODL W/ 130662 GAL DYNAFLOW 2 & 220700# 40/70 SAND & 4000# 20/40 SB EXCEL.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/12/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: Bbls oil: 14 Mcf Gas: 125 Bbls H2O: 0 GOR: 8929

Test Method: FLOWING Casing PSI: 1460 Tubing PSI: 700 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1320 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8 Tbg setting date: 04/26/2010 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: REGULATORY ANALYST II Date: 7/9/2010 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: 12/3/2010

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)