

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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Document Number:

2511068

## 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: 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: NIOBRARA-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
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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:
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Calculated 24 hour rate:	Bbls oil:	14	Mcf Gas:	125	Bbls H2O:	0	GOR:	8929
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Test Method: FLOWING	Casing PSI: 1460	Tubing PSI: 700	Choke Size: 24/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1320	API Gravity Oil:	50
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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)