

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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Document Number:

2511072

**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) 9296832  
3. Address: P O BOX 173779 Fax: (720) 9897832  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-30716-00 6. County: WELD  
7. Well Name: CAMP Well Number: 41-24  
8. Location: QtrQtr: SENE Section: 24 Township: 3N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>02/19/2010</u>	Date of First Production this formation: <u>03/01/2010</u>
Perforations Top: <u>7150</u> Bottom: <u>7430</u>	No. Holes: <u>118</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>NBRR PERF 7150-7272 HOLES 64 SIZE 0.42 CODL PERF 7412-7430 HOLES 54 SIZE 0.38</u> <u>FRAC NBRR W/ 500 GAL 15% HC1 &amp; 229551 GAL SW &amp; 200880# 40/70 SAND &amp; 4000# SUPERLC.</u> <u>FRAC CODL W/ 142388 GAL DYNAFLOW 2 &amp; 220180# 20/40 SAND &amp; 4000#2040 SUPERLC.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>05/23/2010</u> Hours: <u>      </u> Bbls oil: <u>      </u> Mcf Gas: <u>      </u> Bbls H2O: <u>      </u>	
Calculated 24 hour rate: <u>      </u> Bbls oil: <u>67</u> Mcf Gas: <u>167</u> Bbls H2O: <u>0</u> GOR: <u>2493</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>9</u> Tubing PSI: <u>550</u> Choke Size: <u>24/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1320</u> API Gravity Oil: <u>50</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7401</u> Tbg setting date: <u>04/20/2010</u> Packer Depth: <u>      </u>	
Reason for Non-Production: <u>      </u>	
Date formation Abandoned: <u>      </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u>      </u>	
Bridge Plug Depth: <u>      </u> Sacks cement on top: <u>      </u>	

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 ANALYSTII Date: 7/12/2010 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)