

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:

400088906

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) 929-6832
3. Address: P O BOX 173779 Fax: (720) 929-7832
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-29963-00 6. County: WELD
7. Well Name: CAMP Well Number: 19-31
8. Location: QtrQtr: SESW Section: 31 Township: 3N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

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|---|-----------------------------|---|---|
| FORMATION: <u>CODELL</u> | | Status: <u>COMMINGLED</u> | |
| Treatment Date: <u>08/03/2010</u> | | Date of First Production this formation: <u>08/10/2010</u> | |
| Perforations | Top: <u>7364</u> | Bottom: <u>7378</u> | No. Holes: <u>56</u> Hole size: <u>0.45</u> |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | |
| <div>Remove CIBP set @ 7310' to commingle CODL w/ NBRR.</div> | | | |
| This formation is commingled with another formation: | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Test Information: | | | |
| Date: _____ | Hours: _____ | Bbls oil: _____ | Mcf Gas: _____ Bbls H2O: _____ |
| Calculated 24 hour rate: _____ | | Bbls oil: _____ | Mcf Gas: _____ Bbls 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: _____ | | | |
| <div></div> | | | |
| Date formation Abandoned: _____ | | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt _____ |
| Bridge Plug Depth: _____ | | Sacks cement on top: _____ | |

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|--|--------------------------------------|---|--|
| FORMATION: <u>J SAND</u> | | Status: <u>PRODUCING</u> | |
| Treatment Date: <u>08/03/2010</u> | | Date of First Production this formation: <u>08/10/2010</u> | |
| Perforations | Top: <u>7806</u> Bottom: <u>7863</u> | No. Holes: <u>82</u> | Hole size: <u>0.42</u> |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | |
| Remove CIBP set @ 7310' to commingle JSND w/ NB-CD. | | | |
| This formation is commingled with another formation: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | | | |
| Date: <u>08/26/2010</u> | Hours: <u>24</u> | Bbls oil: <u>4</u> | Mcf Gas: <u>28</u> Bbls H2O: <u>0</u> |
| Calculated 24 hour rate: | | Bbls oil: <u>4</u> | Mcf Gas: <u>28</u> Bbls H2O: <u>0</u> GOR: <u>7000</u> |
| Test Method: <u>FLOWING</u> | Casing PSI: <u>797</u> | Tubing PSI: <u>453</u> | Choke Size: _____ |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u> | BTU Gas: <u>1247</u> | API Gravity Oil: <u>50</u> |
| Tubing Size: <u>2 + 3/8</u> | Tubing Setting Depth: <u>7784</u> | Tbg setting date: <u>08/03/2010</u> | Packer Depth: _____ |
| Reason for Non-Production: _____ | | | |
| Date formation Abandoned: _____ | | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt _____ |
| Bridge Plug Depth: _____ | | Sacks cement on top: _____ | |

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|---|--------------------------------------|---|--|
| FORMATION: <u>NIOBRARA-CODELL</u> | | Status: <u>PRODUCING</u> | |
| Treatment Date: <u>08/03/2010</u> | | Date of First Production this formation: <u>08/10/2010</u> | |
| Perforations | Top: <u>7126</u> Bottom: <u>7378</u> | No. Holes: <u>116</u> | Hole size: <u>0.45</u> |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | |
| NBRR Perf 7126-7238 Holes 60 Size 0.42 CODL Perf 7364-7378 Holes 56 Size 0.45 | | | |
| This formation is commingled with another formation: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | | | |
| Date: <u>08/26/2010</u> | Hours: <u>24</u> | Bbls oil: <u>4</u> | Mcf Gas: <u>28</u> Bbls H2O: <u>0</u> |
| Calculated 24 hour rate: | | Bbls oil: <u>4</u> | Mcf Gas: <u>28</u> Bbls H2O: <u>0</u> GOR: <u>7000</u> |
| Test Method: <u>FLOWING</u> | Casing PSI: <u>797</u> | Tubing PSI: <u>453</u> | Choke Size: _____ |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u> | BTU Gas: <u>1247</u> | API Gravity Oil: <u>50</u> |
| Tubing Size: <u>2 + 3/8</u> | Tubing Setting Depth: <u>7784</u> | Tbg setting date: <u>08/03/2010</u> | Packer Depth: _____ |
| Reason for Non-Production: _____ | | | |
| Date formation Abandoned: _____ | | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt _____ |
| Bridge Plug Depth: _____ | | Sacks cement on top: _____ | |

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 08/10/2010 Date of First Production this formation: 10/21/2009

Perforations Top: 7126 Bottom: 7238 No. Holes: 60 Hole size: 0.42

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

No additional treatment.

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls 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:

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: 8/30/2010 Email Cindy.Vue@anadarko.com

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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: 12/16/2010

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400088906 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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| _____ | _____ | _____ |
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Total: 0 comment(s)