

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:

400105130

**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 05-123-20895-00 6. County: WELD  
7. Well Name: CAMP Well Number: 10-25A  
8. Location: QtrQtr: NWSE Section: 25 Township: 3N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>DAKOTA</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>06/12/2007</u>	Date of First Production this formation: <u>08/02/2002</u>
Perforations Top: <u>8101</u> Bottom: <u>8110</u>	No. Holes: <u>36</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Set sand plug @ 7680'. 10/18/2010 - sand plug drilled to 8050'.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
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: _____	
<u>DKTA temporarily abandoned for NB-CD recomple.</u>	
Date formation Abandoned: <u>06/12/2007</u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: <u>8050</u>	Sacks cement on top: _____

FORMATION: J SAND Status: PRODUCING

Treatment Date: 10/18/2010 Date of First Production this formation: 10/25/2010

Perforations Top: 7880 Bottom: 7936 No. Holes: 108 Hole size: 0.38

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

Drill out sand plug set @ 7680' to commingle JSND w/ NB-CD.

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

**Test Information:**

Date: 10/28/2010 Hours: 24 Bbls oil: 1 Mcf Gas: 46 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 46 Bbls H2O: 0 GOR: 46000

Test Method: FLOWING Casing PSI: 489 Tubing PSI: 401 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1259 API Gravity Oil: 59

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7865 Tbg setting date: 10/18/2010 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: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/25/2010 Date of First Production this formation: 07/02/2007

Perforations Top: 7212 Bottom: 7504 No. Holes: 108 Hole size: 0.38

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

NBRR Perf 7212-7350 Holes 52 Size 0.42 CODL Perf 7490-7504 Holes 56 Size 0.38  
No additional treatment.

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

**Test Information:**

Date: 10/28/2010 Hours: 24 Bbls oil: 1 Mcf Gas: 29 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 29 Bbls H2O: 0 GOR: 29000

Test Method: FLOWING Casing PSI: 489 Tubing PSI: 401 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1259 API Gravity Oil: 59

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7865 Tbg setting date: 10/18/2010 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: 11/1/2010 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: 1/13/2011

**Attachment Check List**

Att Doc Num	Name
400105130	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)