

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400117582

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 05-123-30828-00 6. County: WELD
 7. Well Name: CAMP Well Number: 35-31
 8. Location: QtrQtr: SWSW Section: 31 Township: 3N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING
 Treatment Date: 11/16/2010 Date of First Production this formation: 12/03/2010
 Perforations Top: 7284 Bottom: 7514 No. Holes: 108 Hole size: 0.38
 Provide a brief summary of the formation treatment: Open Hole:
 NB Perf 7284-7380 Holes 60 Size 0.42 CD Perf 7498-7514 Holes 48 Size 0.38
 Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 245,364 gal Slickwater w/ 200,280# 40/70 & 4,000# 20/40 SuperLC.
 Frac Codell down 4-1/2" Csg w/ 203,960 gal Slickwater w/ 150,760# 40/70 & 4,000# 20/40 SuperLC.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 12/15/2010 Hours: 24 Bbls oil: 67 Mcf Gas: 98 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 67 Mcf Gas: 98 Bbls H2O: 0 GOR: 1463
 Test Method: FLOWING Casing PSI: 1980 Tubing PSI: _____ Choke Size: 18/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1240 API Gravity Oil: 53
 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: 12/17/2010 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: 1/19/2011

Attachment Check List

Att Doc Num	Name
400117582	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)