

**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:

400163844

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: CARA MAHLER
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029
3. Address: P O BOX 173779 Fax: (720) 929-7029
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-21251-00 6. County: WELD
7. Well Name: CAMP FEDERAL Well Number: 2-19A
8. Location: QtrQtr: NWNE Section: 19 Township: 3N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>J-NIOBRARA-CODELL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>04/20/2011</u>		Date of First Production this formation: <u>04/29/2011</u>	
Perforations Top: <u>7132</u>	Bottom: <u>7884</u>	No. Holes: <u>206</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>REMOVED SAND PLUG SET @ 7884 TO COMMINGLE JSND WITH NB/CD.</u>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>05/09/2011</u>	Hours: <u>24</u>	Bbls oil: <u>1</u>	Mcf Gas: <u>11</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>1</u>	Mcf Gas: <u>11</u> Bbls H2O: <u>0</u> GOR: <u>11000</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>784</u>	Tubing PSI: <u></u>	Choke Size: <u>32/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1229</u>	API Gravity Oil: <u>52</u>
Tubing Size: <u></u>	Tubing Setting Depth: <u></u>	Tbg setting date: <u></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>	

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>04/20/2011</u>		Date of First Production this formation: <u>03/09/2003</u>		
Perforations	Top: <u>7850</u>	Bottom: <u>7884</u>	No. Holes: <u>52</u>	Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">DRILLED OUT SAND PLUG SET @ 7884' TO COMMINGLE WITH NB/CD</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 style="border: 1px solid black; height: 20px; width: 100%;"></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: _____		

Comment: _____
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.			
Signed: _____		Print Name: <u>CARA MAHLER</u>	
Title: <u>REGULATORY ANALYST 1</u>	Date: <u>5/11/2011</u>	Email <u>CARA.MAHLER@ANADARKO.COM</u>	

Attachment Check List

Att Doc Num	Name
400163844	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)