

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:

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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
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-
4. Contact Name: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-24995-00
6. County: WELD
7. Well Name: CAMENISCH
Well Number: 7-15
8. Location: QtrQtr: SWNE Section: 15 Township: 2N Range: 68W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL	Status: COMMINGLED
Treatment Date: 06/07/2010	Date of First Production this formation: 10/28/2008
Perforations Top: 7442 Bottom: 7456	No. Holes: 56 Hole size: 0.38
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
CD PERF 7442-7456 HOLES 56 SIZE 0.38 6/7/10 released RBP over CD to commingle CD w/ NB. 6/15/10 commingled NB/CD production	
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:	
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-CODELL Status: PRODUCING

Treatment Date: 06/07/2010 Date of First Production this formation: 06/15/2010

Perforations Top: 7164 Bottom: 7456 No. Holes: 116 Hole size: 0.42

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

NB PERF 7164-7320 HOLES 60 SIZE 0.42
 CD PERF 7442-7456 HOLES 56 SIZE 0.38
 6/7/10 released RBP over CD to commingle CD w/ NB.
 6/15/10 commingled NB/CD production

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

Test Information:

Date: 06/15/2010 Hours: 24 Bbls oil: 10 Mcf Gas: 40 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 10 Mcf Gas: 40 Bbls H2O: 0 GOR: 4000

Test Method: FLOWING Casing PSI: 1200 Tubing PSI: 1000 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1302 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7419 Tbg setting date: 06/08/2010 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 Status: COMMINGLED

Treatment Date: 06/15/2010 Date of First Production this formation: 02/22/2010

Perforations Top: 7164 Bottom: 7320 No. Holes: 60 Hole size: 0.42

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

NB PERF 7164-7320 HOLES 60 SIZE 0.42
 6/7/10 released RBP over CD to commingle CD w/ NB.
 6/15/10 commingled NB/CD production

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:

This well is on the Kerr-McGee Delinquency List for missing NBRR production reports for 7/2010 to present. This Form 5A is the most up to date on the producing formations on this well. The NBRR was commingled with CODL 6/15/2010, therefore there are no more NBRR production reports for the time missing since it has been commingled.

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: _____

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: _____

Director of COGCC

Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)