

FORM 5A

Rev 06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Date Received:

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: JOEL MALEFYT
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6828
 3. Address: P O BOX 173779 Fax: (720) 929-7828
 City: DENVER State: CO Zip: 80217-

5. API Number 05-123-35145-00 6. County: WELD
 7. Well Name: CAMP FEDERAL Well Number: 30N-31HZ
 8. Location: QtrQtr: SWSW Section: 31 Township: 3N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/22/2012 End Date: 08/24/2012 Date of First Production this formation: 09/14/2012

Perforations Top: 7739 Bottom: 11713 No. Holes: 0 Hole size: 0

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

FRAC'D THROUGH AN OPEN HOLE LINER FROM 7739-11713. AVERAGE TREATING PRESSURE 5237, AVERAGE RATE 56. 1056180# 40/70, 2245360# 30/50, 160020# SB EXCEL, TOTAL SAND WEIGHT 3461560#.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 69176 Max pressure during treatment (psi): 7616

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.95

Total acid used in treatment (bbl): _____ Number of staged intervals: 20

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 9912

Fresh water used in treatment (bbl): 36973 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 3461560 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/16/2012 Hours: 24 Bbl oil: 309 Mcf Gas: 1140 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 309 Mcf Gas: 1140 Bbl H2O: 0 GOR: 3696

Test Method: FLOWING Casing PSI: 2400 Tubing PSI: 2300 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1220 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7127 Tbg setting date: 09/11/2012 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: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: JOEL MALEFYT
Title: REGULATORY ANALYST Date: _____ Email: JOEL.MALEFYT@ANADARKO.COM
:

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)