

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:

400088906

**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: 80217-37  
4. Contact Name: Cindy Vue  
Phone: (720) 929-6832  
Fax: (720) 929-7832

5. API Number 05-123-29963-00  
6. County: WELD  
7. Well Name: CAMP  
Well Number: 19-31  
8. Location: QtrQtr: SESW Section: 31 Township: 3N Range: 65W Meridian: 6

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>08/03/2010</u>		Date of First Production this formation: <u>08/10/2010</u>	
Perforations	Top: <u>7364</u> Bottom: <u>7378</u>	No. Holes: <u>56</u>	Hole size: <u>0.45</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>Remove CIBP set @ 7310' to commingle CODL w/ NBRR.</div>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input 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: _____			
<div></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: _____	

FORMATION: <u>J SAND</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>08/03/2010</u>		Date of First Production this formation: <u>08/10/2010</u>			
Perforations	Top: <u>7806</u>	Bottom: <u>7863</u>	No. Holes: <u>82</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Remove CIBP set @ 7310' to commingle JSND w/ NB-CD.					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Test Information:</b>					
Date: <u>08/26/2010</u>	Hours: <u>24</u>	Bbls oil: <u>4</u>	Mcf Gas: <u>28</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>4</u>	Mcf Gas: <u>28</u>	Bbls H2O: <u>0</u>	GOR: <u>7000</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>797</u>	Tubing PSI: <u>453</u>	Choke Size: _____		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1247</u>	API Gravity Oil: <u>50</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7784</u>	Tbg setting date: <u>08/03/2010</u>	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></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: _____			

FORMATION: <u>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>08/03/2010</u>		Date of First Production this formation: <u>08/10/2010</u>			
Perforations	Top: <u>7126</u>	Bottom: <u>7378</u>	No. Holes: <u>116</u>	Hole size: <u>0.45</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
NBRR Perf 7126-7238 Holes 60 Size 0.42      CODL Perf 7364-7378 Holes 56 Size 0.45					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Test Information:</b>					
Date: <u>08/26/2010</u>	Hours: <u>24</u>	Bbls oil: <u>4</u>	Mcf Gas: <u>28</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>4</u>	Mcf Gas: <u>28</u>	Bbls H2O: <u>0</u>	GOR: <u>7000</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>797</u>	Tubing PSI: <u>453</u>	Choke Size: _____		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1247</u>	API Gravity Oil: <u>50</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7784</u>	Tbg setting date: <u>08/03/2010</u>	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></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: _____			

FORMATION: NIOBARRA Status: COMMINGLED

Treatment Date: 08/10/2010 Date of First Production this formation: 10/21/2009

Perforations Top: 7126 Bottom: 7238 No. Holes: 60 Hole size: 0.42

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

No additional treatment.

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:

\_\_\_\_\_

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: \_\_\_\_\_