

**FORM
5A**Rev
02/08State 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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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.

Document Number:

2555651

1. OGCC Operator Number: 47120 4. Contact Name: CINDY VUE
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: _____
3. Address: P O BOX 173779 Fax: _____
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-30659-00 6. County: WELD
7. Well Name: CAMP FEDERAL Well Number: 35-25
8. Location: QtrQtr: SWSE Section: 25 Township: 3N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed IntervalFORMATION: NIOBRARA-CODELL Status: PRODUCINGTreatment Date: 05/10/2010 Date of First Production this formation: 05/18/2010Perforations Top: 7622 Bottom: 7906 No. Holes: 122 Hole size: 40/100Provide a brief summary of the formation treatment: Open Hole: ☐

NBRR PERF 7622-7774 HOLES 64 SIZE 0.42. CODL PERF 7886-7906 HOLES 60 SIZE 0.40. FRAC NBRR W/ 336 GAL 15% HCl
251958 GAL SW AND 200080# 40/70 SAND AND 4000# SB EXCEL.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 06/04/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____Calculated 24 hour rate: Bbls oil: 39 Mcf Gas: 109 Bbls H2O: 0 GOR: 2795Test Method: FLOWING Casing PSI: 1800 Tubing PSI: _____ Choke Size: 6/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1207 API Gravity Oil: 54

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 VUETitle: REG ANALYST II Date: 6/10/2010 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: 10/5/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2555651	FORM 5A SUBMITTED	LF @ 2506271 2555651

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	FLOWING TUBING PRESSURE NOT AVAILABLE.	10/5/2010 2:12:37 PM

Total: 1 comment(s)