

**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

Document Number:

400126098

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: Cindy Vue
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832
3. Address: P O BOX 173779 Fax: (720) 929-7832
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-19079-00 6. County: WELD
7. Well Name: HSR-CAMP Well Number: 7-24A
8. Location: QtrQtr: SENE Section: 24 Township: 3N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed IntervalFORMATION: CODELL Status: ABANDONED COMPLETIONTreatment Date: 04/28/2005 Date of First Production this formation: 05/02/1996Perforations Top: 7706 Bottom: 7714 No. Holes: 41 Hole size: 0.22Provide a brief summary of the formation treatment: Open Hole: ☐

After numerous attempts to remove a fish downhole, the tubing stuck @ 7658'. Worked the tubing for 4.5 hrs, backed off and left wash pipe and shoe in hole. Abandoned this completion.

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:

After numerous attempts to remove a fish downhole, the tubing stuck @ 7658'. Worked the tubing for 4.5 hrs, backed off and left wash pipe and shoe in hole. Abandoned this completion.

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 05/11/2005 Date of First Production this formation: 05/11/2005

Perforations Top: 7436 Bottom: 7492 No. Holes: 12 Hole size: 0.22

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

5/11/05- NB producing only after workover event. Codell abandoned due to fish and stuck tbg @ 7658'.

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

Test Information:

Date: 01/19/2011 Hours: 24 Bbls oil: 1 Mcf Gas: 7 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 7 Bbls H2O: 0 GOR: 7000

Test Method: FLOWING Casing PSI: 659 Tubing PSI: 701 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1297 API Gravity Oil: 52

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: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)