

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



Table with columns DE, ET, OE, ES

Document Number: 400182146

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 05-123-16994-01 6. County: WELD 7. Well Name: HSR-CAMP Well Number: 4-31X 8. Location: QtrQtr: NWNW Section: 31 Township: 3N Range: 65W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 07/27/2010 Date of First Production this formation: 06/20/2002 Perforations Top: 7778 Bottom: 7781 No. Holes: 36 Hole size: 0.28

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

Commingled well with NB production 7/27/2010.

This formation is commingled with another formation: [X] 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:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 07/07/2010 Date of First Production this formation: 07/27/2010

Perforations Top: 7165 Bottom: 7781 No. Holes: 84 Hole size: 0.42

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

NB Recomplete.

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/27/2010 Hours: 24 Bbls oil: 60 Mcf Gas: 178 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 60 Mcf Gas: 178 Bbls H2O: 0 GOR: 2967

Test Method: FLOWING Casing PSI: 2338 Tubing PSI: 2498 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1208 API Gravity Oil: 55

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6505 Tbg setting date: 07/21/2010 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: 07/07/2010 Date of First Production this formation: 07/27/2010

Perforations Top: 7165 Bottom: 7453 No. Holes: 48 Hole size: 0.42

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

Frac Niobrara A & B & C down 2-3/8" Tbg into 2-3/8" Liner w/ 500 gal 15% HCl & 123,757 gal Super Z LpH w/ 261,680# 20/40, 4,000# SB Excel

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: 7/6/2011 Email Cindy.Vue@anadarko.com
:

Attachment Check List

Att Doc Num	Name
400182146	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)