

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:

400188169

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-
4. Contact Name: CARA MAHLER
Phone: (720) 929-6029
Fax: (720) 929-7029

5. API Number 05-123-22055-00
6. County: WELD
7. Well Name: CAMP
Well Number: 10-26
8. Location: QtrQtr: NWSE Section: 26 Township: 3N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>07/05/2011</u>	Date of First Production this formation: <u>07/12/2011</u>
Perforations Top: <u>7210</u> Bottom: <u>7446</u>	No. Holes: <u>159</u> Hole size: <u>0.45</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
CDL REPERF (6/24/11) 7430-7444 HOLES 28 SIZE .38 Re-Frac Codell down 4-1/2" Csg w/ 264,541 gal Slickwater w/ 207,740# 40/70, 4,000# SuperLC.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>07/16/2011</u> Hours: <u>24</u>	Bbls oil: <u>15</u> Mcf Gas: <u>65</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>15</u> Mcf Gas: <u>65</u> Bbls H2O: <u>0</u> GOR: <u>4333</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1349</u> Tubing PSI: <u>995</u> Choke Size: <u>17/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1208</u> API Gravity Oil: <u>40</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7390</u>	Tbg setting date: <u>07/07/2011</u> Packer Depth: <u></u>
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

Comment:

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

Signed: _____ Print Name: CARA MAHLER
Title: REGULATORY ANALYST 1 Date: 7/21/2011 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400188169	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)