

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:

400196421

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 4. Contact Name: CARA MAHLER
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029
3. Address: P O BOX 173779 Fax: (720) 929-7029
City: DENVER State: CO Zip: 80217-

5. API Number 05-123-21918-00 6. County: WELD
7. Well Name: CAMP Well Number: 17-25
8. Location: QtrQtr: NWNE Section: 25 Township: 3N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 07/18/2011 Date of First Production this formation: 08/05/2011
Perforations Top: 7209 Bottom: 7462 No. Holes: 170 Hole size: 0.38

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

REPERF CDL (7/7/2011) 7448-7462 HOLES 28 SIZE .38
Re-Frac Codell down 4-1/2" Csg w/ 273,756 gal Slickwater w/ 209,360# 40/70, 4,000# SuperLC.

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

Test Information:

Date: 08/13/2011 Hours: 24 Bbls oil: 25 Mcf Gas: 276 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 25 Mcf Gas: 276 Bbls H2O: 0 GOR: 11040
Test Method: FLOWING Casing PSI: 906 Tubing PSI: 648 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1244 API Gravity Oil: 55
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7426 Tbg setting date: 08/02/2011 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: CARA MAHLER
Title: REGULATORY ANALYST 1 Date: 8/16/2011 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400196421 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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Total: 0 comment(s)