

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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Date Received:

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: JOEL MALEFYT

2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP

Phone: (720) 929-6828

3. Address: P O BOX 173779

Fax: (720) 929-7828

City: DENVER State: CO Zip: 80217-

5. API Number 05-123-34485-00

6. County: WELD

7. Well Name: CAMP

Well Number: 28N-E25HZ

8. Location: QtrQtr: SWSE Section: 25 Township: 3N Range: 66W Meridian: 6

9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: 03/21/2012

Date of First Production this formation: 04/07/2012

Perforations Top: 7683 Bottom: 11634 No. Holes: Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☒

FRAC'D THROUGH AN OPEN HOLE LINER FROM 7683-11634. AVERAGE TREATING PRESSURE 4993, AVERAGE RATE 59.7, TOTAL BBLS OF FLUID USED 69773, TOTAL SAND WEIGHT 3400790.

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

Test Information:

Date: 05/09/2012 Hours: 24 Bbls oil: 243 Mcf Gas: 1189 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 243 Mcf Gas: 1189 Bbls H2O: 0 GOR: 4893

Test Method: FLOWING Casing PSI: 1867 Tubing PSI: 1314 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1266 API Gravity Oil: 54

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7224 Tbg setting date: 04/06/2012 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: JOEL MALEFYT

Title: REGULATORY ANALYST

Date:

Email: JOEL.MALEFYT@ANADARKO.COM

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)