

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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
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: JOEL MALEFYT
Phone: (720) 929-6828
Fax: (720) 929-7828

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: [X]

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 [X] 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)