

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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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 05-123-34481-00 6. County: WELD
7. Well Name: CAMP Well Number: 27C-25HZ
8. Location: QtrQtr: SESE Section: 25 Township: 3N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>03/25/2012</u>	Date of First Production this formation: <u>04/05/2012</u>
Perforations Top: <u>7717</u> Bottom: <u>11840</u>	No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input checked="" type="checkbox"/>
FRACKED THROUGH AN OPEN HOLE LINER FROM 7717-11840. AVERAGE TREATING PRESSURE 5311.25, AVERAGE RATE 52.96, TOTAL BBLS OF FLUID 70331, TOTAL SAND WEIGHT 3185181.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>05/09/2012</u> Hours: <u>24</u>	Bbls oil: <u>208</u> Mcf Gas: <u>1284</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>208</u> Mcf Gas: <u>1284</u> Bbls H2O: <u>0</u> GOR: <u>6173</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1565</u> Tubing PSI: <u>1332</u> Choke Size: <u>16/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1266</u> API Gravity Oil: <u>56</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7374</u>	Tbg setting date: <u>04/10/2012</u> Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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)