

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400253001 Date Received: 05/17/2012

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 05-123-34484-00 6. County: WELD 7. Well Name: CAMP 8. Location: QtrQtr: SWSE Section: 25 Township: 3N Range: 66W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: Treatment Date: 03/23/2012 End Date: Date of First Production this formation: 04/06/2012 Perforations Top: 7723 Bottom: 11840 No. Holes: Hole size:

Provide a brief summary of the formation treatment:

Open Hole: [X]

FRAC'D THROUGH AN OPEN HOLE LINER FROM 7723-11840. AVERAGE TREATING PRESSURE 5226, AVERAGE RATE 57.5, TOTAL BBLs OF FLUID USED 70565, TOTAL SAND WEIGHT 3401680.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Max frac gradient (psi/ft): Total acid used in treatment (bbl): Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/09/2012 Hours: 24 Bbl oil: 184 Mcf Gas: 743 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 184 Mcf Gas: 743 Bbl H2O: 0 GOR: 4038 Test Method: FLOWING Casing PSI: 1559 Tubing PSI: 1230 Choke Size: 16/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1266 API Gravity Oil: 56 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7338 Tbg setting date: 04/04/2012 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: ** Wireline and Cement Job Summary must be attached.

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: 5/17/2012 Email: JOEL.MALEFYT@ANADARKO.COM
:

Attachment Check List

Att Doc Num	Name
400253001	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	top of Codell 7721' per operator.	9/5/2012 10:43:21 AM
Permit	requesting top perms for CODL.	8/14/2012 2:34:45 PM

Total: 2 comment(s)