

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: 400511963 Date Received: 11/20/2013

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: REBECCA HEIM Phone: (720) 929-6361 Fax: (720) 929-7361 Email: REBECCA.HEIM@ANADARKO.COM

5. API Number 05-123-19078-00 6. County: WELD 7. Well Name: HSR-CAMP Well Number: 1-24 8. Location: QtrQtr: SENE Section: 24 Township: 3N Range: 67W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: ABANDONED WELLBORE/COMPLETION Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 05/02/1996

Perforations Top: 7564 Bottom: 7791 No. Holes: 14 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole: []

Set CIBP @ 7510 with 15 sacks cement

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: Min 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: Hours: Bbl oil: Mcf Gas: Bbl H2O: Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: Test Method: Casing PSI: Tubing PSI: Choke Size: Gas Disposition: Gas Type: Btu Gas: API Gravity Oil: Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: PREP FOR P&A

Date formation Abandoned: 11/01/2013 Squeeze: [] Yes [] No If yes, number of sacks cmt

** Bridge Plug Depth: 7510 ** Sacks cement on top: 15 ** Wireline and Cement Job Summary must be attached.

Comment:

GYRO ATTACHED AS "OTHER".

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: REBECCA HEIM

Title: REGULATORY ANALYST II

Date: 11/20/2013

Email: RSCDJPOSTDRILL@ANADARKO.COM

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Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|---------------------------|----------------------|
| 400511963 | FORM 5A SUBMITTED |
| 400511973 | OTHER |
| 400515724 | WIRELINE JOB SUMMARY |
| 400515725 | CEMENT JOB SUMMARY |

Total Attach: 4 Files

General Comments

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