

FORM
5A

Rev
06/12

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
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 05-123-34951-00
6. County: WELD
7. Well Name: CAMP
Well Number: 38C-26HZ
8. Location: QtrQtr: NENE Section: 26 Township: 3N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 06/12/2012 End Date: 06/13/2012 Date of First Production this formation: 07/01/2012
Perforations Top: 7898 Bottom: 11861 No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole:

FRAC'D THROUGH AN OPEN HOLE LINER FROM 7898-11861. AVERAGE TREATING PRESSURE 5175, AVERAGE RATE 56, TOTAL BBLS OF FLUID 70895.
999025# 40/70, 2236075# 30/50, 164611# SB EXCEL, TOTAL SAND WEIGHT 3382658#.

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 70895 Max pressure during treatment (psi): 7002
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.30
Type of gas used in treatment: _____ Max frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: 19
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): 35031 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 3382658 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/12/2012 Hours: 24 Bbl oil: 270 Mcf Gas: 470 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 270 Mcf Gas: 470 Bbl H2O: 0 GOR: 1741
Test Method: FLOWING Casing PSI: 2134 Tubing PSI: 1396 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1220 API Gravity Oil: 52
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7335 Tbg setting date: 06/30/2012 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: _____ Email: JOEL.MALEFYT@ANADARKO.COM

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)