

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400105130

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: 80217-37
4. Contact Name: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-20895-00
6. County: WELD
7. Well Name: CAMP
Well Number: 10-25A
8. Location: QtrQtr: NWSE Section: 25 Township: 3N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>DAKOTA</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>06/12/2007</u>	Date of First Production this formation: <u>08/02/2002</u>
Perforations Top: <u>8101</u> Bottom: <u>8110</u>	No. Holes: <u>36</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Set sand plug @ 7680'. 10/18/2010 - sand plug drilled to 8050'.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: _____ Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate:	Bbls oil: _____ Mcf Gas: _____ Bbls 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:	
<u>DKTA temporarily abandoned for NB-CD recomple.</u>	
Date formation Abandoned: <u>06/12/2007</u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: <u>8050</u>	Sacks cement on top: _____

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>10/18/2010</u>		Date of First Production this formation: <u>10/25/2010</u>	
Perforations	Top: <u>7880</u>	Bottom: <u>7936</u>	No. Holes: <u>108</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Drill out sand plug set @ 7680' to commingle JSND w/ NB-CD.			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>10/28/2010</u>	Hours: <u>24</u>	Bbls oil: <u>1</u>	Mcf Gas: <u>46</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>1</u>	Mcf Gas: <u>46</u> Bbls H2O: <u>0</u> GOR: <u>46000</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>489</u>	Tubing PSI: <u>401</u>	Choke Size: <u>24/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1259</u>	API Gravity Oil: <u>59</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7865</u>	Tbg setting date: <u>10/18/2010</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: _____	

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>10/25/2010</u>		Date of First Production this formation: <u>07/02/2007</u>	
Perforations	Top: <u>7212</u>	Bottom: <u>7504</u>	No. Holes: <u>108</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
NBRR Perf 7212-7350 Holes 52 Size 0.42 CODL Perf 7490-7504 Holes 56 Size 0.38 No additional treatment.			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>10/28/2010</u>	Hours: <u>24</u>	Bbls oil: <u>1</u>	Mcf Gas: <u>29</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>1</u>	Mcf Gas: <u>29</u> Bbls H2O: <u>0</u> GOR: <u>29000</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>489</u>	Tubing PSI: <u>401</u>	Choke Size: <u>24/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1259</u>	API Gravity Oil: <u>59</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7865</u>	Tbg setting date: <u>10/18/2010</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: Cindy Vue

Title: Regulatory Analyst II

Date: _____

Email Cindy.Vue@anadarko.com

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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

Director of COGCC

Date: _____