

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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COMPLETED INTERVAL REPORT

Document Number:

400094226

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: Cindy Vue
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832
 3. Address: P O BOX 173779 Fax: (720) 929-7832
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-21617-00 6. County: WELD
 7. Well Name: DECHANT Well Number: 18-7
 8. Location: QtrQtr: NENW Section: 7 Township: 3N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
 Treatment Date: 09/03/2010 Date of First Production this formation: 09/08/2010
 Perforations Top: 6793 Bottom: 7082 No. Holes: 167 Hole size: 41/100
 Provide a brief summary of the formation treatment: Open Hole:
 NBRR Perf 6793-6956 Holes 99 Size 0.42 CODL Perf 7068-7082 Holes 68 Size 0.41
 Reperf CODL 7068-7082 Holes 56 Size 0.41.
 Refrac CODL w/ 281,358 gal SW & 207,980# 40/70 sand & 4,000# SuperLC.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 09/18/2010 Hours: 24 Bbls oil: 21 Mcf Gas: 230 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 21 Mcf Gas: 230 Bbls H2O: 0 GOR: 10952
 Test Method: FLOWING Casing PSI: 1790 Tubing PSI: _____ Choke Size: 18/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1273 API Gravity Oil: 57
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____

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: 9/21/2010 Email Cindy.Vue@anadarko.com

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:

David S. Neslin

Director of COGCC

Date: 12/22/2010

Attachment Check List

Att Doc Num	Name
400094226	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)