

State of Colorado
Oil and Gas Conservation Commission

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400094226

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

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)