

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:

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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: CARA MAHLER
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029
3. Address: P O BOX 173779 Fax: (720) 929-7029
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-32499-00 6. County: WELD
7. Well Name: DECHANT Well Number: 36-9
8. Location: QtrQtr: SWSW Section: 9 Township: 2N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>J-NIOBRARA-CODELL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>03/29/2011</u>		Date of First Production this formation: <u>04/18/2011</u>	
Perforations	Top: <u>7400</u>	Bottom: <u>8115</u>	No. Holes: <u>154</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>05/02/2011</u>	Hours: <u>24</u>	Bbls oil: <u>26</u>	Mcf Gas: <u>116</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>26</u>	Mcf Gas: <u>116</u> Bbls H2O: <u>0</u> GOR: <u>4462</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>520</u>	Tubing PSI: _____	Choke Size: <u>12/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1231</u>	API Gravity Oil: <u>51</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	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>J SAND</u>			Status: <u>PRODUCING</u>	
Treatment Date: <u>03/29/2011</u>		Date of First Production this formation: <u>04/18/2011</u>		
Perforations	Top: <u>8072</u>	Bottom: <u>8115</u>	No. Holes: <u>48</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>	
Frac J-Sand down 4-1/2" Csg w/ 147,504 gal Slickwater w/ 115,000# 40/70, 4,000# SB Excel, 0# .				
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input 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: _____				
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>04/08/2011</u>		Date of First Production this formation: <u>04/18/2011</u>		
Perforations	Top: <u>7400</u>	Bottom: <u>7632</u>	No. Holes: <u>106</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>	
NB PERF 7400-7530 HOLES 58 SIZE .42 CD PERF 7620-7632 HOLES 48 SIZE .38 Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 245,448 gal Slickwater w/ 200,140# 40/70, 4,000# SB Excel. Frac Codell down 4-1/2" Csg w/ 205,548 gal Slickwater w/ 150,080# 40/70, 4,000# SB Excel.				
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input 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: _____				
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: CARA MAHLER

Title: REGULATORY ANALYST 1

Date: _____

Email CARA.MAHLER@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: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)