

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400162739

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: J-NIOBRARA-CODELL Status: COMMINGLED
 Treatment Date: 03/29/2011 Date of First Production this formation: 04/18/2011
 Perforations Top: 7400 Bottom: 8115 No. Holes: 154 Hole size: 0.38
 Provide a brief summary of the formation treatment: _____ Open Hole:
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 05/02/2011 Hours: 24 Bbls oil: 26 Mcf Gas: 116 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 26 Mcf Gas: 116 Bbls H2O: 0 GOR: 4462
 Test Method: FLOWING Casing PSI: 520 Tubing PSI: _____ Choke Size: 12/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1231 API Gravity Oil: 51
 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: _____

FORMATION: J SAND Status: PRODUCING

Treatment Date: 03/29/2011 Date of First Production this formation: 04/18/2011

Perforations Top: 8072 Bottom: 8115 No. Holes: 48 Hole size: 0.38

Provide a brief summary of the formation treatment: _____ Open Hole:

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: Yes 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: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/08/2011 Date of First Production this formation: 04/18/2011

Perforations Top: 7400 Bottom: 7632 No. Holes: 106 Hole size: 0.38

Provide a brief summary of the formation treatment: _____ Open Hole:

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: Yes 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: 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: CARA MAHLER

Title: REGULATORY ANALYST 1

Date: _____

Email CARA.MAHLER@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: _____

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)