

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
----	----	----	----

Document Number:

400192263

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-

5. API Number 05-123-32796-00 6. County: WELD
7. Well Name: DECHANT Well Number: 4-19HZ
8. Location: QtrQtr: SWSW Section: 19 Township: 2N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 03/21/2011 Date of First Production this formation: 03/26/2011

Perforations Top: _____ Bottom: _____ No. Holes: _____ Hole size: _____

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

FRAC'D THRU OPEN HOLE LINER FROM 7456-11291.
AVERAGE TREATING PRESSURE 6086, AVERAGE RATE 47, TOTAL BBLS FLUID 60557, TOTAL SAND WEIGHT 2939811.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 03/31/2011 Hours: 22 Bbls oil: 201 Mcf Gas: 205 Bbls H2O: 735

Calculated 24 hour rate: _____ Bbls oil: 219 Mcf Gas: 224 Bbls H2O: 802 GOR: 1023

Test Method: FLOWING Casing PSI: 1400 Tubing PSI: 1300 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1236 API Gravity Oil: 45

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6830 Tbg setting date: 03/31/2011 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:
OPEN HOLE LINER. PERFORATIONS AND NO. HOLES N/A.

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: 8/11/2011 Email CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400192263	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)