

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:
400270582

Date Received:

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: <u>47120</u>	4. Contact Name: <u>Cindy Vue</u>
2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6832</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7832</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	

5. API Number <u>05-123-23347-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>DECHANT</u>	Well Number: <u>13-1</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>1</u> Township: <u>2N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL-SUSSEX Status: COMMINGLED

Treatment Date: 02/21/2012 Date of First Production this formation: 03/13/2012

Perforations Top: 4485 Bottom: 7104 No. Holes: 184 Hole size: 0.38

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

SX PERF 4485-4511 HOLES 52 SIZE 0.38
NB PERF 6848-6964 HOLES 62 SIZE 0.38
CD PERF 7090-7104 HOLES 70 SIZE 0.38

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/15/2012 Hours: 24 Bbls oil: 10 Mcf Gas: 50 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 50 Bbls H2O: 0 GOR: 5000

Test Method: FLOWING Casing PSI: 1000 Tubing PSI: 725 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1194 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7071 Tbg setting date: 03/01/2012 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: SUSSEX Status: PRODUCING

Treatment Date: 02/21/2012 Date of First Production this formation: 03/13/2012

Perforations Top: 4485 Bottom: 4511 No. Holes: 52 Hole size: 0.38

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

Frac SUSX down 4.5" casing w/ 20,118 gal lightning 70q n2 foam w/ 180,100# 12/20, 20,020# 20/40.
Broke @ 3,626 psi @ 7 bpm. ATP=2,915 psi; MTP=3,626 psi; ATR=12.7 bpm; ISDP=2,171 psi

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: Cindy Vue

Title: Regulatory Analyst II

Date: _____

Email Cindy.Vue@anadarko.com

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Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)