

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400278554

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: 47120 4. Contact Name: JOEL MALEFYT
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6828
3. Address: P O BOX 173779 Fax: (720) 929-7828
City: DENVER State: CO Zip: 80217-

5. API Number 05-123-32807-00 6. County: WELD
7. Well Name: DECHANT Well Number: 35-1
8. Location: QtrQtr: NESW Section: 1 Township: 2N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 04/03/2012 Date of First Production this formation: 04/19/2012

Perforations Top: 7602 Bottom: 7616 No. Holes: 56 Hole size: 0.42

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

PERF CODL 7602-7616 HOLES 56 SIZE .42
Frac CODL down 4.5" casing w/ 204,263 gal slickwater. No proppant used on this job.
Broke @ 3,952 psi @ 10.4 bpm. ATP=4,857 psi; MTP=5,249 psi; ATR=59.5 bpm; ISDP=3,624 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: _____

FORMATION: J-NIOBRARA-CODELLStatus: COMMINGLEDTreatment Date: 03/02/2012Date of First Production this formation: 04/19/2012Perforations Top: 7349 Bottom: 8086 No. Holes: 178 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERF NBRR 7349-7512 HOLES 62 SIZE .42
PERF CODL 7602-7616 HOLES 56 SIZE .42
PERF JSND 8050-8086 HOLES 60 SIZE .40

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 04/20/2012 Hours: 24 Bbls oil: 1 Mcf Gas: 6 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 6 Bbls H2O: 0 GOR: 6000Test Method: FLOWING Casing PSI: 277 Tubing PSI: Choke Size: 0Gas Disposition: SOLD Gas Type: WET BTU Gas: 1236 API Gravity Oil: 51Tubing 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 SANDStatus: PRODUCINGTreatment Date: 03/02/2012Date of First Production this formation: 04/19/2012Perforations Top: 8050 Bottom: 8086 No. Holes: 60 Hole size: 0.4

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERF JSND 8050-8086 HOLES 60 SIZE .40
Frac JSND down 4.5" casing w/ 147,084 gal slickwater. No proppant used on this job.
Broke @ 3,212 psi @ 2.1 bpm. ATP=1,740 psi; MTP=2,477 psi; ATR=36.5 bpm; ISDP=1,365 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:

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 04/03/2012

Date of First Production this formation: 04/19/2012

Perforations Top: 7349 Bottom: 7616 No. Holes: 118 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐PERF NBRR 7349-7512 HOLES 62 SIZE .42
PERF CODL 7602-7616 HOLES 56 SIZE .42This 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

Status: COMMINGLED

Treatment Date: 04/03/2012

Date of First Production this formation: 04/19/2012

Perforations Top: 7349 Bottom: 7512 No. Holes: 62 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐PERF NBRR 7349-7512 HOLES 62 SIZE .42
Frac NBRR down 4.5" casing w/ 252 gal 15% HCl & 242,928 gal slickwater. No proppant used on this job.
Broke @ 3,862 psi @ 4.6 bpm. ATP=4,937 psi; MTP=5,214 psi; ATR=60.0 bpm; ISDP=3,516 psiThis 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: JOEL MALEFYT

Title: REGULATORY ANALYST

Date:

Email

JOEL.MALEFYT@ANADARKO.COM

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Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)