

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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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 City: DENVER State: CO Zip: 80217-37 Fax: (720) 929-7029

5. API Number 05-123-32485-00 6. County: WELD
7. Well Name: DECHANT Well Number: 14-9
8. Location: QtrQtr: SWSW Section: 9 Township: 2N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: Date of First Production this formation:
Perforations Top: 7244 Bottom: 7478 No. Holes: 100 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole: []

NB PERF 7244-7376 HOLES 52 SIZE .38 CD PERF 7466-7478 HOLES 48 SIZE .38
Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 250,280 gal Slickwater w/ 200,400# 40/70, 4,000# SB Excel, 0# .
Frac Codell down 4-1/2" Csg w/ 206,388 gal Slickwater w/ 150,501# 40/70, 4,000# SB Excel, 0# .

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 05/01/2011 Hours: 24 Bbls oil: 8 Mcf Gas: 168 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 8 Mcf Gas: 168 Bbls H2O: 0 GOR: 21000
Test Method: FLOWING Casing PSI: 553 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:

Comment:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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: 5/16/2011 Email CARA.MAHLER@ANADARKO.COM
:

Attachment Check List

Att Doc Num	Name
400162616	FORM 5A SUBMITTED

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

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