

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

5. API Number 05-123-32797-00 6. County: WELD
 7. Well Name: DECHANT Well Number: 3-19HZ
 8. Location: QtrQtr: SWSW Section: 19 Township: 2N Range: 64W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 03/21/2011 Date of First Production this formation: 03/28/2011

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

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

FRAC'D THRU AN OPEN HOLE LINER FROM 7607-11366.
AVERAGE TREATING PRESSURE 5126, AVERAGE RATE OF 47.7, TOTAL BBLs FLUID 63295, WITH A TOTAL SAND WEIGHT OF 3021274.

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/31/2011 Hours: 21 Bbls oil: 225 Mcf Gas: 145 Bbls H2O: 687

Calculated 24 hour rate: Bbls oil: 257 Mcf Gas: 166 Bbls H2O: 785 GOR: 644

Test Method: FLOWING Casing PSI: 1400 Tubing PSI: 1300 Choke Size: 15/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6848 Tbg setting date: 03/30/2011 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: _____ 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

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

Total: 0 comment(s)