

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

5. API Number 05-123-32976-00
6. County: WELD
7. Well Name: DECHANT Well Number: 27-12
8. Location: QtrQtr: SENE Section: 12 Township: 2N Range: 65W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 12/07/2011 Date of First Production this formation: 12/27/2011
Perforations Top: 7322 Bottom: 7594 No. Holes: 126 Hole size: 0.42

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

NB PERF 7322-7490 HOLES 62 SIZE 0.42 CD PERF 7578-7594 HOLES 64 SIZE 0.38
Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 233,102 gal Slickwater w/ 199,100# 40/70, 4,000# SB Excel
Frac Codell down 4-1/2" Csg w/ 195,132 gal Slickwater w/ 151,860# 40/70, 4,000# SB Excel

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/27/2011 Hours: 24 Bbls oil: 100 Mcf Gas: 100 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 100 Mcf Gas: 100 Bbls H2O: 0 GOR: 1000
Test Method: FLOWING Casing PSI: 1925 Tubing PSI: Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1287 API Gravity Oil: 49
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

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> |
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