

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:
400276977

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 05-123-32804-00 6. County: WELD
 7. Well Name: DECHANT Well Number: 22-1
 8. Location: QtrQtr: NESW Section: 1 Township: 2N Range: 65W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J-NIOBRARA Status: COMMINGLED

Treatment Date: 03/06/2012 Date of First Production this formation: 04/19/2012

Perforations Top: 7064 Bottom: 7714 No. Holes: 120 Hole size: 0.42

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

PERF NBRR 7064-7253 HOLES 64 SIZE .42
PERF JSND 7672-7714 HOLES 56 SIZE .38

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/20/2012 Hours: 24 Bbls oil: 32 Mcf Gas: 138 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 32 Mcf Gas: 138 Bbls H2O: 0 GOR: 4381

Test Method: FLOWING Casing PSI: 818 Tubing PSI: 0 Choke Size: 0

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1236 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: _____

FORMATION: J SAND Status: PRODUCING

Treatment Date: 03/06/2012 Date of First Production this formation: 04/19/2012
Perforations Top: 7672 Bottom: 7714 No. Holes: 56 Hole size: 0.38

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

PERF JSND 7672-7714 HOLES 56 SIZE .38
Frac JSND down 4.5" casing w/ 146,916 gal slickwater w/ 115,820#40/70, 4,000# 20/40. Broke @ 2,306 psi @ 4.4 bpm. ATP=1,757 psi; MTP=2,676 psi; ATR=34.5 bpm; ISDP=1,498 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 Status: PRODUCING

Treatment Date: 03/27/2012 Date of First Production this formation: 04/19/2012
Perforations Top: 7064 Bottom: 7253 No. Holes: 64 Hole size: 0.42

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

PERF NBRR 7064-7253 HOLES 64 SIZE .42
Frac NBRR down 4.5" casing w/500 gal 15% HCl & 252,622 gal slickwater w/ 200,260# 40/70, 4,000# 20/40. Broke @ 3,681 psi @ 4.4 bpm. ATP=4,673 psi; MTP=5,223 psi; ATR=59.4 bpm; ISDP=3,532 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: JOEL MALEFYT

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)