

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:

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

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

**Completed Interval**

FORMATION: <u>J-NIOBRARA</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>03/06/2012</u>	Date of First Production this formation: <u>04/19/2012</u>
Perforations Top: <u>7064</u> Bottom: <u>7714</u>	No. Holes: <u>120</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
PERF NBRR 7064-7253 HOLES 64 SIZE .42 PERF JSND 7672-7714 HOLES 56 SIZE .38	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>04/20/2012</u> Hours: <u>24</u>	Bbls oil: <u>32</u> Mcf Gas: <u>138</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>32</u> Mcf Gas: <u>138</u> Bbls H2O: <u>0</u> GOR: <u>4381</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>818</u> Tubing PSI: <u>0</u> Choke Size: <u>0</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1236</u> API Gravity Oil: <u>51</u>
Tubing Size: _____	Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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

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)