

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:

400276754

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 05-123-32803-00

6. County: WELD

7. Well Name: DECHANT

Well Number: 24-1

8. Location: QtrQtr: NESW Section: 1 Township: 2N Range: 65W Meridian: 6

9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL

Status: COMMINGLED

Treatment Date: 03/12/2012

Date of First Production this formation: 04/19/2012

Perforations Top: 7282 Bottom: 7296 No. Holes: 56 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERF CODL 7282-7296 HOLES 56 SIZE .38  
Frac CODL down 4.5" casing w/ 193,788 gal slickwater w/ 150,060#40/70, 4,000# 20/40.  
Broke @ 4,033 psi @ 5.2 bpm. ATP=4,749 psi; MTP=5,100 psi; ATR=52.1 bpm; ISDP=3,517 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-CODELL Status: PRODUCING

Treatment Date: 03/13/2012 Date of First Production this formation: 04/19/2012

Perforations Top: 7056 Bottom: 7296 No. Holes: 118 Hole size: 0.42

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

PERF NBRR 7056-7162 HOLES 62 SIZE .42  
PERF CODL 7282-7296 HOLES 56 SIZE .38

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date: 04/20/2012 Hours: 24 Bbls oil: 25 Mcf Gas: 174 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 25 Mcf Gas: 174 Bbls H2O: 0 GOR: 6960

Test Method: FLOWING Casing PSI: 1406 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: NIOBRARA Status: COMMINGLED

Treatment Date: 03/13/2012 Date of First Production this formation: 04/19/2012

Perforations Top: 7056 Bottom: 7162 No. Holes: 62 Hole size: 0.42

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

PERF NBRR 7056-7162 HOLES 62 SIZE .42  
Frac NBRR down 4.5" casing w/ 250 gal 15% HCl & 241,082 gal slickwaterw/ 200,320# 40/70, 4,000# SB Excel.  
Broke @ 3,573 psi @ 5.1 bpm. ATP=4,589 psi;MTP=4,904 psi; ATR=61.2 bpm; ISDP=3,464 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: \_\_\_\_\_ JOEL.MALEFYT@ANADARKO.COM

Email  
:

### **Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

### **General Comments**

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

Total: 0 comment(s)