

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:

400278600

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
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: JOEL MALEFYT
Phone: (720) 929-6828
Fax: (720) 929-7828

5. API Number 05-123-32869-00
6. County: WELD
7. Well Name: DECHANT
Well Number: 23-1
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: 04/10/2012 Date of First Production this formation: 04/19/2012
Perforations Top: 7216 Bottom: 7230 No. Holes: 56 Hole size: 0.4

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

PERF CODL 7216-7230 HOLES 56 SIZE .40
Frac CODL down 4.5" casing w/ 202,104 gal slickwater. No proppant used on this job.
Break not observed. ATP=5,215 psi; MTP=5,509 psi; ATR=57.9 bpm; ISDP=3,811 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: J-NIOBRARA-CODELLStatus: COMMINGLEDTreatment Date: 03/02/2012Date of First Production this formation: 04/19/2012Perforations Top: 7050 Bottom: 7690 No. Holes: 172 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERF NBRR 7050-7124 HOLES 60 SIZE .42
PERF CODL 7216-7230 HOLES 56 SIZE .40
PERF JSND 7658-7690 HOLES 56 SIZE .38

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 04/20/2012 Hours: 24 Bbls oil: 20 Mcf Gas: 25 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 20 Mcf Gas: 25 Bbls H2O: 0 GOR: 1250Test Method: FLOWING Casing PSI: 164 Tubing PSI: Choke Size: 0Gas Disposition: SOLD Gas Type: WET BTU Gas: 1236 API Gravity Oil: 51Tubing 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 SANDStatus: PRODUCINGTreatment Date: 03/02/2012Date of First Production this formation: 04/19/2012Perforations Top: 7658 Bottom: 7690 No. Holes: 56 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERF JSND 7658-7690 HOLES 56 SIZE .38
Frac JSND down 4.5" casing w/ 147,172 gal slickwater. No proppant used on this job.
Broke @ 1,313 psi @ 5.4 bpm. ATP=1,611 psi; MTP=2,776 psi; ATR=36.1 bpm; ISDP=1,420 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: 04/10/2012

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

Perforations Top: 7050 Bottom: 7230 No. Holes: 116 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐PERF NBRR 7050-7124 HOLES 60 SIZE .42
PERF CODL 7216-7230 HOLES 56 SIZE .40This 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: COMMINGLED

Treatment Date: 04/10/2012

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

Perforations Top: 7050 Bottom: 7124 No. Holes: 60 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐PERF NBRR 7050-7124 HOLES 60 SIZE .42
Frac NBRR down 4.5" casing w/ 252 gal 15% HCl & 239,652 gal slickwater. No proppant used on this job.
Broke @ 3,824 psi @ 11.1 bpm. ATP=5,026 psi; MTP=5,385 psi; ATR=60.3 bpm; ISDP=3,455 psiThis 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

:

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)