

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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, reoperation 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 City: DENVER State: CO Zip: 80217- Fax: (720) 929-7828

5. API Number 05-123-32809-00 6. County: WELD
7. Well Name: DECHANT Well Number: 32-1
8. Location: QtrQtr: NESW Section: 1 Township: 2N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type:

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

Perforations Top: 7676 Bottom: 7690 No. Holes: 56 Hole size: 0.38

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

PERF CODL 7676-7690 HOLES 56 SIZE .38
Frac CODL down 4.5" casing w/ 194,082 gal slickwater w/ 150,140# 40/70, 4,000# 20/40.
Broke @ 4,247 psi @ 5.4 bpm. ATP=5,030 psi; MTP=5,368 psi; ATR=60.1 bpm; ISDP=3,347 psi

This formation is commingled with another formation: [X] Yes [ ] No

Total fluid used in treatment (bbl): Max pressure during treatment (psi):

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Number of staged intervals:

Total acid used in treatment (bbl): Max frac gradient (psi/ft):

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): Rule 805 green completion techniques were utilized: [ ]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl 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 Type: \_\_\_\_\_

Treatment Date: 03/19/2012 End Date: \_\_\_\_\_ Date of First Production this formation: 04/19/2012

Perforations Top: 7438 Bottom: 7592 No. Holes: 116 Hole size: 0.42

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

PERF NBRR 7438-7592 HOLES 60 SIZE .42  
PERF CODL 7676-7690 HOLES 56 SIZE .38

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): \_\_\_\_\_ Max pressure during treatment (psi): \_\_\_\_\_

Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): \_\_\_\_\_

Type of gas used in treatment: \_\_\_\_\_ Number of staged intervals: \_\_\_\_\_

Total acid used in treatment (bbl): \_\_\_\_\_ Max frac gradient (psi/ft): \_\_\_\_\_

Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_

Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: \_\_\_\_\_

Total proppant used (lbs): \_\_\_\_\_ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: 04/20/2012 Hours: 24 Bbl oil: 30 Mcf Gas: 51 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 30 Mcf Gas: 51 Bbl H2O: 0 GOR: 1700

Test Method: FLOWING Casing PSI: 0 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64

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 Type: \_\_\_\_\_

Treatment Date: 03/20/2012 End Date: \_\_\_\_\_ Date of First Production this formation: 04/19/2012

Perforations Top: 7438 Bottom: 7592 No. Holes: 60 Hole size: 0.42

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

PERF NBRR 7438-7592 HOLES 60 SIZE .42  
Frac NBRR down 4.5" casing w/ 250 gal 15% HCl & 247,130 gal slickwater w/ 200,260# 40/70, 4,000# 20/40.  
Broke @ 3,472 psi @ 5.4 bpm. ATP=4,805 psi; MTP=5,102 psi; ATR=60.4 bpm; ISDP=3,322 psi

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): \_\_\_\_\_ Max pressure during treatment (psi): \_\_\_\_\_

Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): \_\_\_\_\_

Type of gas used in treatment: \_\_\_\_\_ Number of staged intervals: \_\_\_\_\_

Total acid used in treatment (bbl): \_\_\_\_\_ Max frac gradient (psi/ft): \_\_\_\_\_

Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_

Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: \_\_\_\_\_

Total proppant used (lbs): \_\_\_\_\_ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_

Calculated 24 hour rate: Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl 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: 5/3/2012 Email: JOEL.MALEFYT@ANADARKO.COM

**Attachment Check List**

Att Doc Num	Name
400278341	FORM 5A SUBMITTED

Total Attach: 1 Files

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