

FORM
5A

Rev
06/12

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:

400270582

Date Received:

04/10/2012

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: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-23347-00
6. County: WELD
7. Well Name: DECHANT
Well Number: 13-1
8. Location: QtrQtr: SWSW Section: 1 Township: 2N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL-SUSSEX Status: COMMINGLED Treatment Type:
Treatment Date: 02/21/2012 End Date: Date of First Production this formation: 03/13/2012
Perforations Top: 4485 Bottom: 7104 No. Holes: 184 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

SX PERF 4485-4511 HOLES 52 SIZE 0.38
NB PERF 6848-6964 HOLES 62 SIZE 0.38
CD PERF 7090-7104 HOLES 70 SIZE 0.38

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:

Max frac gradient (psi/ft):

Total acid used in treatment (bbl):

Number of staged intervals:

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: 03/15/2012 Hours: 24 Bbl oil: 10 Mcf Gas: 50 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 10 Mcf Gas: 50 Bbl H2O: 0 GOR: 5000
Test Method: FLOWING Casing PSI: 1000 Tubing PSI: 725 Choke Size:
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1194 API Gravity Oil: 51
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7071 Tbg setting date: 03/01/2012 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: ** Wireline and Cement Job Summary must be attached.

FORMATION: SUSSEX Status: PRODUCING Treatment Type: _____
Treatment Date: 02/21/2012 End Date: _____ Date of First Production this formation: 03/13/2012
Perforations Top: 4485 Bottom: 4511 No. Holes: 52 Hole size: 0.38

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

Frac SUSX down 4.5" casing w/ 20,118 gal lightning 70q n2 foam w/ 180,100# 12/20, 20,020# 20/40.
Broke @ 3,626 psi @ 7 bpm. ATP=2,915 psi; MTP=3,626 psi; ATR=12.7 bpm; ISDP=2,171 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: _____

Max frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____

Number of staged intervals: _____

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: _____ ** Wireline and Cement Job Summary must be attached.

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Cindy Vue

Title: Regulatory Analyst II Date: 4/10/2012 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Name
400270582	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)