

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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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 05-123-36419-00
6. County: WELD
7. Well Name: DECHANT
Well Number: 14C-1HZ
8. Location: QtrQtr: SESW Section: 36 Township: 3N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 04/30/2013 End Date: 05/04/2013 Date of First Production this formation: 05/10/2013
Perforations Top: 7645 Bottom: 11599 No. Holes: 6348 Hole size: 0.42
Provide a brief summary of the formation treatment: _____ Open Hole:

PLUG AND PERF COMPLETION FROM 7645 - 11599.
11732 BBLs CROSSLINK GEL, 52 BBLs LINEAR GEL, 955468 BBL SLICKWATER, 107252 BBL TOTAL FLUID.
2219660# 40/70 SAND, 281280# 30/50 SAND, 17940# 20/40 SAND, 2518880# TOTAL SAND.

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 107252 Max pressure during treatment (psi): 7612
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.30
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.96
Total acid used in treatment (bbl): 0 Number of staged intervals: 20
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 8229
Fresh water used in treatment (bbl): 0 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 2518880 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/03/2013 Hours: 24 Bbl oil: 235 Mcf Gas: 624 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 235 Mcf Gas: 624 Bbl H2O: 0 GOR: 2655
Test Method: FLOWING Casing PSI: 2016 Tubing PSI: 1078 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1263 API Gravity Oil: 47
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7020 Tbg setting date: 05/14/2013 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: JOEL MALEFYT
Title: REGULATORY ANALYST Date: _____ Email: RSCDJPOSTDRILL@ANADARKO.COM

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)