

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



DE	ET	OE	ES
----	----	----	----

Document Number:
400467597

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: Katie Kistner
Phone: (720) 9294317
Fax: _____

5. API Number 05-123-36350-00
6. County: WELD
7. Well Name: DECHANT
Well Number: 36N-W1HZ
8. Location: QtrQtr: SESW Section: 36 Township: 3N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/04/2013 End Date: 05/06/2013 Date of First Production this formation: 05/15/2013

Perforations Top: 7534 Bottom: 11580 No. Holes: 0 Hole size: 0

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

OPEN HOLE COMPLETION FROM 7534-11580.
8455 BBL CROSSLINK GEL, 766 BBL LINEAR GEL, 111781 BBL SLICKWATER, 121002 BBL TOTAL FLUID.
2756260# 40/70 SAND, 252940# 30/50 SAND, 39180# 20/40 SAND, 3048380# TOTAL SAND.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 121002 Max pressure during treatment (psi): 7173

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.91

Total acid used in treatment (bbl): 0 Number of staged intervals: 32

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 6356

Fresh water used in treatment (bbl): 0 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 3048380 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: 331 Mcf Gas: 609 Bbl H2O: 24

Calculated 24 hour rate: Bbl oil: 331 Mcf Gas: 609 Bbl H2O: 24 GOR: 1840

Test Method: FLOWING Casing PSI: 2152 Tubing PSI: 1584 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: 6888 Tbg setting date: 05/13/2013 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: Katie Kistner

Title: Regulatory Analyst Date: _____ Email: rscdjpostdrill@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)