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COGCC

FORM
5A
Rev 12/05

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109

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 <u>47120</u>	4. Contact Name <u>ANDY LYTLE</u>
2. Name of Operator: <u>Kerr McGee Oil & Gas Onshore LP</u>	Phone: <u>720-929-6100</u>
3. Address: <u>1099 18th Street</u>	Fax: <u>720-929-7100</u>
City: <u>Denver</u> State: <u>CO</u> Zip: <u>80202</u>	
5. API Number: <u>05-123-19100</u>	6. County: <u>WELD</u>
7. Well Name: <u>HSR-DECHANT FARMS</u>	Well Number: <u>10-36</u>
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NWSE 36-3N-65W 6th PM</u>	

Complete the Attachment Checklist

OP OGCC		
wellbore diagram		

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 11/7/2008 Date of First Production this formation: _____

Perforations: Top: 6826 Bottom: 6946 No. Holes: 62 Hole Size: 0.38

Provide a brief summary of the formation treatment: NEW PERF INTERVALS: "B" 6826-6836, 6936-6946. 60 NEW PERF'S.

1,000 GAL 15% HCL, 70,165 GAL FLUID, 99,815 GAL SILVERSTIM, 250,580 LBS 20/40 SAND, 4000 LBS 20/40 RESIN COAT.

This formation is commingled with another formation Y

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: _____ Squeezed Yes No If yes number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: CODELL Status: COMMINGLED

Treatment Date: _____ Date of First Production this formation: _____

Perforations: Top: 7067 Bottom: 7073 No. Holes: 12 Hole Size: 0.31

Provide a brief summary of the formation treatment: NO ADDITIONAL TREATMENT.

This formation is commingled with another formation Y

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: _____ Squeezed Yes No If yes number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

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

Print Name: ANDY LYTLE E-mail: Andrew.lytle@anadarko.com

Signature: [Signature] Title: Regulatory Analyst Date: 1/21/2009