



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

DE FT OE ES

RECEIVED FEB 03 2009 COGCC

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

Complete the Attachment Checklist

wellbore diagram	OP OGCC

FORMATION: SUSSEX Status ABANDONED

Treatment Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_

Perforations: Top: 4450 Bottom: 4455 No. Holes 15 Hole Size: 0.31

Open Hole  N

Provide a brief summary of the formation treatment:  
SUSSEX SQUEEZED WITH 75 SACKS OF CEMENT.

This formation is commingled with another formation  N

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: 10/30/2008 Squeezed  Yes  No If yes number of sacks cmt 75

Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

FORMATION: NIOBRARA/CODELL Status PRODUCING

Treatment Date: \_\_\_\_\_ Date of First Production this formation: 12/18/2008

Perforations: Top: 6826 Bottom: 7073 No. Holes 74 Hole Size: 0.38

Open Hole  N

Provide a brief summary of the formation treatment:

This formation is commingled with another formation  N

Test Information:  
 Date: 1/7/2009 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 50 Bbls H2O: \_\_\_\_\_ GOR: N/A  
 Test Method: FLOWING Casing PSI: 460 Tubing PSI: 340 Choke size: 30/64  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1214 API Gravity Oil: 51

Tubing Size: 2.375" Tubing Setting Depth: 7034' Tbg setting date: 12/12/2008 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