

FORM  
5A

Rev  
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400192295

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 4. Contact Name: CARA MAHLER  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029  
3. Address: P O BOX 173779 Fax: (720) 929-7029  
City: DENVER State: CO Zip: 80217-

5. API Number 05-123-32797-00 6. County: WELD  
7. Well Name: DECHANT Well Number: 3-19HZ  
8. Location: QtrQtr: SWSW Section: 19 Township: 2N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 03/21/2011 Date of First Production this formation: 03/28/2011

Perforations Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ No. Holes: \_\_\_\_\_ Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☒

FRAC'D THRU AN OPEN HOLE LINER FROM 7607-11366.  
AVERAGE TREATING PRESSURE 5126, AVERAGE RATE OF 47.7, TOTAL BBLS FLUID 63295, WITH A TOTAL SAND WEIGHT OF 3021274.

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date: 03/31/2011 Hours: 21 Bbls oil: 225 Mcf Gas: 145 Bbls H2O: 687

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 257 Mcf Gas: 166 Bbls H2O: 785 GOR: 644

Test Method: FLOWING Casing PSI: 1400 Tubing PSI: 1300 Choke Size: 15/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1236 API Gravity Oil: 45

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6848 Tbg setting date: 03/30/2011 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: \_\_\_\_\_

Comment:

OPEN HOLE LINER. PERFORATIONS AND NO.HOLES N/A

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

Signed: \_\_\_\_\_ Print Name: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: 8/11/2011 Email CARA.MAHLER@ANADARKO.COM

### Attachment Check List

Att Doc Num	Name
400192295	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 0 comment(s)