

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400137016

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: 80217-37
4. Contact Name: CARA MAHLER
Phone: (720) 929-6029
Fax: (720) 929-7029

5. API Number 05-123-25611-00
6. County: WELD
7. Well Name: CANNON LAND
Well Number: 5-3
8. Location: QtrQtr: SWNW Section: 3 Township: 2N Range: 66W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: COMMINGLED
Treatment Date: 01/17/2011 Date of First Production this formation: 01/25/2005
Perforations Top: 7410 Bottom: 7424 No. Holes: 56 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole:
REMOVED CIBP SET ABOVE CD AT 7380' TO COMMINGLE.
This formation is commingled with another formation: [X] Yes [ ] No
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: Squeeze: [ ] Yes [ ] No If yes, number of sacks cmt
Bridge Plug Depth: Sacks cement on top:

FORMATION: J SAND Status: PRODUCING

Treatment Date: 01/17/2011 Date of First Production this formation: 02/22/2007

Perforations Top: 7855 Bottom: 7925 No. Holes: 108 Hole size: 0.38

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

REMOVED CIBP SET AT 7380' TO COMMINGLE WITH NB/CD.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 02/23/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 16 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 16 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 925 Tubing PSI: 927 Choke Size: \_\_\_\_\_

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1174 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7816 Tbg setting date: 01/18/2011 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: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/17/2011 Date of First Production this formation: 01/27/2011

Perforations Top: 7185 Bottom: 7424 No. Holes: 116 Hole size: 0.42

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

REMOVED CIBP SET AT 7380' TO COMMINGLE WITH NB.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 02/23/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 16 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 16 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 925 Tubing PSI: 927 Choke Size: \_\_\_\_\_

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1174 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7816 Tbg setting date: 01/18/2011 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: \_\_\_\_\_

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 01/21/2009 Date of First Production this formation: 02/03/2009

Perforations Top: 7185 Bottom: 7286 No. Holes: 60 Hole size: 0.42

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

COMMINGLED SEE NB-CD PRODUCING.

This formation is commingled with another formation:  Yes  No

**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: \_\_\_\_\_ Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

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

Comment: \_\_\_\_\_

NO CHOKE. 0/64.

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: \_\_\_\_\_ Email CARA.MAHLER@ANADARKO.COM

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)