

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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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.

Document Number:

400185227

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 05-123-21876-00

6. County: WELD

7. Well Name: CANNON LAND

Well Number: 12-11

8. Location: QtrQtr: NWSW Section: 11 Township: 2N Range: 66W Meridian: 6

9. Field Name: Field Code:

Completed Interval

FORMATION: J SANDStatus: TEMPORARILY ABANDONEDTreatment Date: 05/26/2011Date of First Production this formation: 08/23/2004Perforations Top: 7968 Bottom: 8017 No. Holes: 86 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐SET SAND PLUG @ 7750-8058.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:

SET SAND PLUG @ 7750-8058.Date formation Abandoned: 05/26/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____Bridge Plug Depth: 8058 Sacks cement on top: _____FORMATION: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 06/17/2011Date of First Production this formation: 06/30/2011Perforations Top: 7319 Bottom: 7541 No. Holes: 155 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐REPERF CDL (5/27/2011) 7524-7541 HOLES 34 SIZE .38Re-Frac Codell down 4-1/2" Csg w/ 269,808 gal Slickwater w/ 208,000# 40/70, 4,600# SB Excel.This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 07/11/2011 Hours: 24 Bbls oil: 6 Mcf Gas: 63 Bbls H2O: 0Calculated 24 hour rate: _____ Bbls oil: 6 Mcf Gas: 63 Bbls H2O: 0 GOR: 10500Test Method: FLOWING Casing PSI: 763 Tubing PSI: 636 Choke Size: _____Gas Disposition: SOLD Gas Type: WET BTU Gas: 1236 API Gravity Oil: 50Tubing Size: 2 + 3/8 Tubing Setting Depth: 7511 Tbg setting date: 06/24/2011 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:

NO CHOKE.

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

Signed: _____

Print Name: CARA MAHLERTitle: REGULATORY ANALYST 1 Date: _____ Email: CARA.MAHLER@ANADARKO.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

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)