

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:

400208930

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: Cindy Vue
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832
3. Address: P O BOX 173779 Fax: (720) 929-7832
City: DENVER State: CO Zip: 80217-

5. API Number 05-123-32495-00 6. County: WELD
7. Well Name: CANNON Well Number: 7-3
8. Location: QtrQtr: SWNE Section: 3 Township: 2N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/18/2011 Date of First Production this formation: 09/01/2011
Perforations Top: 6982 Bottom: 7230 No. Holes: 112 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole: ☐

NB PERF 6982-7136 HOLES 56 SIZE 0.42 CD PERF 7216-7230 HOLES 56 SIZE 0.38
Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 254,142 gal Slickwater w/ 200,340# 40/70, 4,080# SB Excel
Frac Codell down 4-1/2" Csg w/ 199,920 gal Slickwater w/ 150,120# 40/70, 4,400# SB Excel

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

Test Information:

Date: 09/02/2011 Hours: 24 Bbls oil: 40 Mcf Gas: 200 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 40 Mcf Gas: 200 Bbls H2O: 0 GOR: 5000
Test Method: FLOWING Casing PSI: 1650 Tubing PSI: Choke Size: 10/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1267 API Gravity Oil: 50
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:

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

Signed: Print Name: Cindy Vue

Title: Regulatory Analyst II Date: 9/27/2011 Email Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Name
400208930	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

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