

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:

400216155

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	05-123-32550-00
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6. County: WELD

7. Well Name: CANNON

Well Number: 36-3

8. Location: QtrQtr: SWSE Section: 3 Township: 2N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date:	09/06/2011	Date of First Production this formation:	09/21/2011
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Perforations	Top:	6964	Bottom:	7238	No. Holes:	100	Hole size:	0.42
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Provide a brief summary of the formation treatment:	Open Hole: <input type="text"/>
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NB PERF 6964-7126 TOTAL 52 SIZE 0.42 CD PERF 7222-7238 TOTAL 48 SIZE 0.38
Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 249,959 gal Slickwater w/ 200,540# 40/70, 4,000# SB Excel
Frac Codell down 4-1/2" Csg w/ 198,391 gal Slickwater w/ 151,140# 40/70, 4,000# SB Excel

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

Test Information:

Date:	09/21/2011	Hours:	24	Bbls oil:	120	Mcf Gas:	240	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	120	Mcf Gas:	240	Bbls H2O:	0	GOR:	2000
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Test Method: FLOWING	Casing PSI: 1248	Tubing PSI:	Choke Size: 12/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1272	API Gravity Oil:	49
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Tubing Size: 2 + 3/8 Tubing Setting Depth: 7193 Tbg setting date: 10/11/2011 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:

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: 10/19/2011 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Name
400216155	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)