

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:

400217664

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

5. API Number 05-123-21879-00
6. County: WELD
7. Well Name: CANNON
Well Number: 1-18
8. Location: QtrQtr: NENE Section: 18 Township: 2N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND

Status: TEMPORARILY ABANDONED

Treatment Date: 09/09/2011

Date of First Production this formation: 04/18/2004

Perforations Top: 7824 Bottom: 7864 No. Holes: 80 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

SET SAND PLUG @ 7624'-7924'

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 @ 7624'-7924'

Date formation Abandoned: 09/09/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7924 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 10/03/2011

Date of First Production this formation: 10/13/2011

Perforations Top: 7140 Bottom: 7382 No. Holes: 136 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

9/13/2011 CDL REPERF: 7363-7377 HOLES 28 SIZE .38 10/3/2011 NB REPERF: 7162-7282 HOLES 46 SIZE .42
Re-Frac Codell down 4-1/2" Csg w/ 203,616 gal Slickwater w/ 150,680# 40/70, 4,300# SB Excel, 0# .
Re-Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 234,738 gal Slickwater w/ 202,140# 40/70, 4,300# SB Excel, 0# .

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 10/15/2011 Hours: 24 Bbls oil: 5 Mcf Gas: 82 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 5 Mcf Gas: 82 Bbls H2O: 0 GOR: 16400

Test Method: FLOWING Casing PSI: 950 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1236 API Gravity Oil: 49

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: CARA MAHLER

Title: REGULATORY ANALYST 1

Date: 10/24/2011

Email CARA.MAHLER@ANADARKO.COM

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Attachment Check List

Att Doc Num	Name
400217664	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)