

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

Document Number:
400241312

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: <u>47120</u>	4. Contact Name: <u>Cindy Vue</u>
2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6832</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7832</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	

5. API Number <u>05-123-21754-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>CANNON</u>	Well Number: <u>5-3</u>
8. Location: QtrQtr: <u>SWNW</u> Section: <u>3</u> Township: <u>2N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: TEMPORARILY ABANDONED

Treatment Date: 05/27/2010 Date of First Production this formation: 11/10/2008
Perforations Top: 6891 Bottom: 7155 No. Holes: 68 Hole size: 0.42

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

10/10/08 NB PERF 6891-7019 HOLES 48 SIZE 0.42
11/21/03 NB PERF 6891-6901 HOLES 10 SIZE 0.38
11/21/03 CD PERF 7145-7155 HOLES 10 SIZE 0.38

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 CIBP @ 5400' W/ CMT CAP AND RECOMPLETE SUSSEX FORMATION.

Date formation Abandoned: 05/27/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 5400 Sacks cement on top: _____

FORMATION: SUSSEX Status: PRODUCING

Treatment Date: 06/17/2010 Date of First Production this formation: 06/29/2010
Perforations Top: 4476 Bottom: 4496 No. Holes: 60 Hole size: 0.38

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

Frac SX down 4 1/2" csg w/58,920 gal foam (491 bbl water) containing 1,070,000 scf N2, 180,960# 16/30 sand & 20,050# 16/30 SiberProp at avg 24.0 bpm & 3124 psi. ISIP 2377 psi, 5 min 2331 psi. Start flowback on 10/64" after 60 min SI.

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/29/2010 Hours: 24 Bbls oil: 10 Mcf Gas: 200 Bbls H2O: 0
Calculated 24 hour rate: _____ Bbls oil: 10 Mcf Gas: 200 Bbls H2O: 0 GOR: 20000
Test Method: FLOWING Casing PSI: 1200 Tubing PSI: 1150 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1314 API Gravity Oil: 51
Tubing Size: 2 + 3/8 Tubing Setting Depth: 4445 Tbg setting date: 06/25/2010 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:

THIS FORM IS ON THE KERR-MCGEE DELINQUENCY LIST. THIS FORM 5A SHOULD REFLECT THE MOST RECENT ACTIVITY ON THIS WELL BORE. THANK YOU.

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: _____

Email Cindy.Vue@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
400241330	WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)