

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:

400241312

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 05-123-21754-00

6. County: WELD

7. Well Name: CANNON

Well Number: 5-3

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

9. Field Name: Field Code:

### Completed Interval

FORMATION: NIOBRARA-CODELLStatus: TEMPORARILY ABANDONEDTreatment Date: 05/27/2010Date of First Production this formation: 11/10/2008Perforations 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: SUSSEXStatus: PRODUCINGTreatment Date: 06/17/2010Date of First Production this formation: 06/29/2010Perforations 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: 0Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 10 Mcf Gas: 200 Bbls H2O: 0 GOR: 20000Test Method: FLOWING Casing PSI: 1200 Tubing PSI: 1150 Choke Size: 18/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1314 API Gravity Oil: 51Tubing 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  
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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**

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Total: 0 comment(s)