

**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:
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Date Received:

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: <u>47120</u>	4. Contact Name: <u>CARA MAHLER</u>
2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6029</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7029</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	

5. API Number <u>05-123-22224-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>CANNON LAND</u>	Well Number: <u>2-11</u>
8. Location: QtrQtr: <u>NWNE</u> Section: <u>11</u> Township: <u>2N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 12/09/2012 Date of First Production this formation: 03/05/2005

Perforations Top: 7936 Bottom: 8002 No. Holes: 72 Hole size: 0.38

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

CIBP SET @ 7550-7555 . TA'd for a pressure monitoring test being done to estimate the drainage volume of a horizontal well.

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: _____

CIBP SET @ 7550-7555 . TA'd for a pressure monitoring test being done to estimate the drainage volume of a horizontal well.

Date formation Abandoned: 12/09/2012 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7555 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: TEMPORARILY ABANDONED

Treatment Date: 12/13/2011 Date of First Production this formation: 07/19/2004

Perforations Top: 7244 Bottom: 7515 No. Holes: 130 Hole size: 0.38

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

SET HYDRAULIC PLUG @ 7223-7231, 7253-7260, 7300-7308, 7402-7409. CIBP SET @ 7550-7555 ON 12/9.

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 HYDRAULIC PLUG @ 7223-7231, 7253-7260, 7300-7308, 7402-7409. CIBP SET @ 7550-7555 ON 12/9. TA'd for a pressure monitoring test being done to estimate the drainage volume of a horizontal well.

Date formation Abandoned: 12/13/2012 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7555 Sacks cement on top: _____

Comment: _____
no wbd

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

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)