

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:

400268516

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

5. API Number 05-123-22071-00 6. County: WELD
7. Well Name: CANNON LAND Well Number: 10-11
8. Location: QtrQtr: NWSE Section: 11 Township: 2N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

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|--|---|
| FORMATION: <u>NIOBRARA-CODELL</u> | Status: <u>TEMPORARILY ABANDONED</u> |
| Treatment Date: <u>11/14/2011</u> | Date of First Production this formation: <u>06/18/2008</u> |
| Perforations Top: <u>7295</u> Bottom: <u>7400</u> | No. Holes: <u>122</u> Hole size: <u>0.42</u> |
| Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/> | |
| <u>RETRIEVABLE BRIDGE PLUG SET @ 7263-7267. HYDRAULIC PACKERS SET @ 7262, 7355, AND 7449.</u> | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: _____ | |
| <u>RETRIEVABLE BRIDGE PLUG SET @ 7263-7267. HYDRAULIC PACKERS SET @ 7262, 7355, AND 7449. These are TA'd for a pressure monitoring test being done to estimate the drainage volume of a horizontal well.</u> | |
| Date formation Abandoned: <u>11/14/2011</u> | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____ |
| Bridge Plug Depth: <u>7449</u> | 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: _____ Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400268516 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)