

FORM  
5A

Rev  
06/12

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 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.

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: JOEL MALEFYT  
Phone: (720) 929-6828  
Fax: (720) 929-7828

5. API Number 05-123-35785-00  
6. County: WELD  
7. Well Name: CANNON  
Well Number: 13C-3HZ  
8. Location: QtrQtr: NWNW Section: 3 Township: 2N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

### Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION  
Treatment Date: 12/22/2012 End Date: 12/23/2012 Date of First Production this formation: 01/10/2013  
Perforations Top: 7585 Bottom: 11350 No. Holes: 0 Hole size: 0  
Provide a brief summary of the formation treatment: Open Hole:

COMPLETED THROUGH AN OPEN HOLE LINER FROM 7585-11350.  
11550 BBL PERMSTIM 45#, 1252 BBL LINEAR GEL, 57697 BBL FR WATER, 70500 BBL TOTAL FLUID  
1428520# OTTAWA 40/70, 301020# OTTAWA 30/50, 24120# CRC 20/40, 1753660# TOTAL PROPPANT.  
Perforated 4-1/2" liner 7196-7199, 3 holes, .4 diameter to relieve potential trapped pressure between liner and 7" intermediate casing.

This formation is commingled with another formation:  Yes  No  
Total fluid used in treatment (bbl): 70500 Max pressure during treatment (psi): 7143  
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.30  
Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): 0.90  
Total acid used in treatment (bbl): 0 Number of staged intervals: 18  
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 4875  
Fresh water used in treatment (bbl): 57697 Disposition method for flowback: DISPOSAL  
Total proppant used (lbs): 1753660 Rule 805 green completion techniques were utilized:   
Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

#### Test Information:

Date: 01/18/2012 Hours: 24 Bbl oil: 220 Mcf Gas: 700 Bbl H2O: 200  
Calculated 24 hour rate: Bbl oil: 220 Mcf Gas: 700 Bbl H2O: 200 GOR: 3182  
Test Method: FLOWING Casing PSI: 2271 Tubing PSI: 1456 Choke Size: 14/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1278 API Gravity Oil: 52  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7099 Tbg setting date: 01/10/2013 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: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

Comment: \_\_\_\_\_

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: JOEL MALEFYT  
Title: REGULATORY ANALYST Date: \_\_\_\_\_ Email: JOEL.MALEFYT@ANADARKO.COM

#### Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)