

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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Document Number:

400762630

Date Received:

01/22/2015

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>ILA BEALE</u>
2. Name of Operator: <u>KERR MCGEE OIL &amp; GAS ONSHORE LP</u>	Phone: <u>(720) 929-6408</u>
3. Address: <u>P O BOX 173779</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	Email: <u>ila.beale@anadarko.com</u>

5. API Number <u>05-123-35791-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>CANNON</u>	Well Number: <u>14N-E3HZ</u>
8. Location: QtrQtr: <u>NWNE</u> Section: <u>3</u> Township: <u>2N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/02/2013 End Date: 01/06/2013 Date of First Production this formation: 01/24/2013  
Perforations Top: 7444 Bottom: 11530 No. Holes: 0 Hole size: \_\_\_\_\_

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

"COMPLETED THROUGH AN OPEN HOLE LINER FROM 7444-11,530.  
9,678 BBL CROSSLINK GEL, 921 BBL LINEAR GEL, 41,810 BBL SLICKWATER, - 52,409 BBL TOTAL FLUID  
31,428# 20/40 CRC, 302,229# 30/50 OTTAWA/ST. PETERS, 987,962# 40/70 OTTAWA/ST. PETERS, - 1,321,619# TOTAL SAND."

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 52409

Max pressure during treatment (psi): 7047

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): 0.87

Total acid used in treatment (bbl): 0

Number of staged intervals: 14

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 5675

Fresh water used in treatment (bbl): 52409

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 1321619

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: \_\_\_\_\_

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

#### Test Information:

Date: 02/03/2013 Hours: 24 Bbl oil: 314 Mcf Gas: 667 Bbl H2O: 159

Calculated 24 hour rate: Bbl oil: 314 Mcf Gas: 667 Bbl H2O: 159 GOR: 2124

Test Method: FLOWING Casing PSI: 2447 Tubing PSI: 1677 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1281 API Gravity Oil: 52

Tubing Size: 2 + 5/8 Tubing Setting Depth: 7103 Tbg setting date: 01/27/2013 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: ILA BEALE

Title: STAFF REG. SPECIALIST Date: 1/22/2015 Email: rscdjpostdrill@anadarko.com

### Attachment Check List

Att Doc Num	Name
400762630	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Form 7 requires a status correction for 7/2011 to 12/2012. Changed tubing size from a decimal to a fraction. Added frac gradient per operator.	01/10/2017

Total: 1 comment(s)