

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



DE ET OE ES

Document Number:

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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 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: 80217-37

5. API Number 05-123-30606-00 6. County: WELD
7. Well Name: CANNON Well Number: 24-33
8. Location: QtrQtr: NENE Section: 33 Township: 3N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 09/17/2010 Date of First Production this formation: 10/01/2010

Perforations Top: 7914 Bottom: 7952 No. Holes: 60 Hole size: 0.38

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

Frac JSND w/ 148,932 gal SW & 115,620# 40/70 sand & 4,000# SB Excel.

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/23/2010 Hours: 24 Bbls oil: 24 Mcf Gas: 85 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 24 Mcf Gas: 85 Bbls H2O: 0 GOR: 3542

Test Method: FLOWING Casing PSI: 2325 Tubing PSI: _____ Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1279 API Gravity Oil: 53

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 09/27/2010 Date of First Production this formation: 10/01/2010

Perforations Top: 7219 Bottom: 7464 No. Holes: 116 Hole size: 0.42

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

NBRR Perf 7219-7330 Holes 60 Size 0.42 CODL Perf 7450-7464 Holes 56 Size 0.42
Frac NBRR w/ 250 gal 15% HCl & 253,888 gal SW & 200,980# 40/70 sand & 4,000# SB Excel.
Frac CODL w/ 202,558 gal SW & 150,400# 40/70 sand & 4,000# SB Excel.

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/23/2010 Hours: 24 Bbls oil: 25 Mcf Gas: 86 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 25 Mcf Gas: 86 Bbls H2O: 0 GOR: 3440

Test Method: FLOWING Casing PSI: 2325 Tubing PSI: _____ Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1279 API Gravity Oil: 53

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____

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

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: _____