

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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**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: <u>J SAND</u>  |                                      | Status: <u>PRODUCING</u>                                   |  |
| Treatment Date: <u>09/17/2010</u>   |                                      | Date of First Production this formation: <u>10/01/2010</u> |  |
| Perforations  | Top: <u>7914</u> Bottom: <u>7952</u> | No. Holes: <u>60</u>                                       | Hole size: <u>0.38</u>                                 |
| Provide a brief summary of the formation treatment:   |                                      | Open Hole: <input type="checkbox"/>                        |  |
| <u>Frac JSND w/ 148,932 gal SW &amp; 115,620# 40/70 sand &amp; 4,000# SB Excel.</u>   |                                      |  |  |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            |                                      |  |  |
| <b>Test Information:</b>  |                                      |  |  |
| Date: <u>10/23/2010</u>   | Hours: <u>24</u>                     | Bbls oil: <u>24</u>  | Mcf Gas: <u>85</u> Bbls H2O: <u>0</u>                  |
| Calculated 24 hour rate:  |                                      | Bbls oil: <u>24</u>  | Mcf Gas: <u>85</u> Bbls H2O: <u>0</u> GOR: <u>3542</u> |
| Test Method: <u>FLOWING</u>   | Casing PSI: <u>2325</u>              | Tubing PSI: _____  | Choke Size: <u>10/64</u>                               |
| Gas Disposition: <u>SOLD</u>  | Gas Type: <u>WET</u>                 | BTU Gas: <u>1279</u>                                       | API Gravity Oil: <u>53</u>                             |
| Tubing Size: _____  | Tubing Setting Depth: _____          | Tbg setting date: _____                                    | Packer Depth: _____                                    |
| Reason for Non-Production:<br>_____<br>_____  |                                      |  |  |
| Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____ |                                      |  |  |
| Bridge Plug Depth: _____ Sacks cement on top: _____   |                                      |  |  |

