

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:

2511598

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 05-123-23199-00 6. County: WELD
7. Well Name: CANNON LAND Well Number: 7-35
8. Location: QtrQtr: SWNE Section: 35 Township: 3N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

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|--|---|
| FORMATION: <u>NIOBRARA-CODELL</u> | Status: <u>PRODUCING</u> |
| Treatment Date: <u>07/06/2010</u> | Date of First Production this formation: <u>12/26/2007</u> |
| Perforations Top: <u>7170</u> Bottom: <u>7447</u> | No. Holes: <u>148</u> Hole size: <u>38/100</u> |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| <u>NBRR PERF 7170-7314 HOLES 92 SIZE CODL PERF 7433-7447 HOLES 56 SIZE 0.38 REFRAC NB-CD W/439,958 GAL SW & 346,600# 40/70 SAND & 8,000# SB EXCEL. NB-CD RETURNED TO PRODUCTION 08/02/2010 AFTER NB-CD REFRAC.</u> | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | |
| Date: <u>08/04/2010</u> Hours: _____ | Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ |
| Calculated 24 hour rate: | Bbls oil: <u>18</u> Mcf Gas: <u>122</u> Bbls H2O: <u>0</u> GOR: <u>6778</u> |
| Test Method: <u>FLOWING</u> | Casing PSI: <u>1344</u> Tubing PSI: <u>1012</u> Choke Size: <u>14/64</u> |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>WET</u> BTU Gas: <u>1253</u> API Gravity Oil: <u>53</u> |
| Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7394</u> | Tbg setting date: <u>07/12/2010</u> Packer Depth: _____ |
| Reason for Non-Production: _____ | |
| 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: _____ | |

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: 8/9/2010 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: _____

David S. Neslin

Director of COGCC

Date: 12/9/2010

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 2511598 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)