

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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COMPLETED INTERVAL REPORT

Document Number:

2511598

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

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 07/06/2010 Date of First Production this formation: 12/26/2007

Perforations Top: 7170 Bottom: 7447 No. Holes: 148 Hole size: 38/100

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

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.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 08/04/2010 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: Bbls oil: 18 Mcf Gas: 122 Bbls H2O: 0 GOR: 6778

Test Method: FLOWING Casing PSI: 1344 Tubing PSI: 1012 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1253 API Gravity Oil: 53

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7394 Tbg setting date: 07/12/2010 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: 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

Total: 0 comment(s)