

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:

400131656

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
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-37
4. Contact Name: CARA MAHLER
Phone: (720) 929-6029
Fax: (720) 929-7029

5. API Number 05-123-22613-00
6. County: WELD
7. Well Name: CANNON FARMING Well Number: 11-3
8. Location: QtrQtr: NESW Section: 3 Township: 2N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 12/30/2010 Date of First Production this formation: 09/05/2006

Perforations Top: 7164 Bottom: 7180 No. Holes: 64 Hole size: 0.038

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

REMOVED CAST IRON BRIDGE PLUG TO COMMINGLE

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

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

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

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: J SAND Status: PRODUCING

Treatment Date: 12/30/2010 Date of First Production this formation: 09/05/2006

Perforations Top: 7616 Bottom: 7668 No. Holes: 117 Hole size: 0.38

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

CAST IRON BRIDGE PLUG REMOVED TO COMMINGLE WELL. COMMINGLED WITH NB-CD 1/10/2011.

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/08/2011 Hours: 24 Bbls oil: 1 Mcf Gas: 45 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 45 Bbls H2O: 0 GOR: 45000

Test Method: FLOWING Casing PSI: 664 Tubing PSI: 564 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 976 API Gravity Oil: 50

Tubing Size: 2.375 Tubing Setting Depth: 7823 Tbg setting date: 02/04/2011 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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 12/30/2010 Date of First Production this formation: 01/10/2011

Perforations Top: 6901 Bottom: 7180 No. Holes: 184 Hole size: 0.42

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

CAST IRON BRIDGE PLUG REMOVED TO COMMINGLE WELL

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/08/2011 Hours: 24 Bbls oil: 1 Mcf Gas: 45 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 45 Bbls H2O: 0 GOR: 45000

Test Method: FLOWING Casing PSI: 664 Tubing PSI: 564 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 976 API Gravity Oil: 50

Tubing Size: 2.375 Tubing Setting Depth: 7823 Tbg setting date: 02/04/2011 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: NIOBRARA Status: COMMINGLED

Treatment Date: 12/30/2010 Date of First Production this formation: 11/14/2008

Perforations Top: 6901 Bottom: 7037 No. Holes: 120 Hole size: 0.42

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

REMOVED CAST IRON BRIDGE PLUG TO COMMINGLE WELL

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

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

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

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: CARA MAHLER

Title: REGULATORY ANALYST I Date: _____ Email CARA.MAHLER@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: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)