

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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COMPLETED INTERVAL REPORT

Document Number: 400190705

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-
4. Contact Name: CARA MAHLER
Phone: (720) 929-6029
Fax: (720) 929-7029

5. API Number 05-123-21641-00
6. County: WELD
7. Well Name: CANNON
Well Number: 13-35
8. Location: QtrQtr: SWSW Section: 35 Township: 3N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 07/06/2011 Date of First Production this formation: 07/19/2011

Perforations Top: 7182 Bottom: 7474 No. Holes: 170 Hole size: 0.38

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

REPERF CDL (6/13/2011) 7458-7474 HOLES 48 SIZE .38
Re-Frac Codell down 4-1/2" Csg w/ 264,222 gal Slickwater w/ 207,900# 40/70, 4,000# SB Excel, 0# .

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 07/26/2011 Hours: 24 Bbls oil: 29 Mcf Gas: 156 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 29 Mcf Gas: 156 Bbls H2O: 0 GOR: 5379

Test Method: FLOWING Casing PSI: 1136 Tubing PSI: 633 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1226 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7414 Tbg setting date: 07/11/2011 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:

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 1 Date: 7/29/2011 Email CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400190705	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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