

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:

400208884

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-

5. API Number 05-123-32496-00 6. County: WELD  
7. Well Name: CANNON Well Number: 2-3  
8. Location: QtrQtr: SWNE Section: 3 Township: 2N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 08/08/2011 Date of First Production this formation: 09/01/2011

Perforations Top: 6972 Bottom: 7768 No. Holes: 186 Hole size: 0.42

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

NB PERF 6972-7176 HOLES 58 SIZE 0.42  
CD PERF 7264-7280 HOLES 64 SIZE 0.42  
J S PERF 7752-7768 HOLES 64 SIZE 0.38

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date: 09/02/2011 Hours: 24 Bbls oil: 40 Mcf Gas: 200 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 40 Mcf Gas: 200 Bbls H2O: 0 GOR: 5000

Test Method: FLOWING Casing PSI: 2575 Tubing PSI:          Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1267 API Gravity Oil: 50

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: 08/08/2011 Date of First Production this formation: 09/01/2011

Perforations Top: 7752 Bottom: 7768 No. Holes: 64 Hole size: 0.38

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

J S PERF 7752-7768 HOLES 64 SIZE 0.38  
Frac J-Sand down 4-1/2" Csg w/ 146,496 gal Slickwater w/ 116,220# 40/70, 4,160# SB Excel

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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/22/2011 Date of First Production this formation: 09/01/2011

Perforations Top: 6972 Bottom: 7280 No. Holes: 122 Hole size: 0.42

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

NB PERF 6972-7176 HOLES 58 SIZE 0.42 CD PERF 7264-7280 HOLES 64 SIZE 0.42  
Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 250,532 gal Slickwater w/ 100,180# 40/70, 4,600# SB Excel  
Frac Codell down 4-1/2" Csg w/ 200,676 gal Slickwater w/ 75,000# 40/70, 4,560# SB Excel

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: Cindy Vue

Title: Regulatory Analyst II Date: 9/27/2011 Cindy.Vue@anadarko.com

Email  
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### **Attachment Check List**

Att Doc Num	Name
400208884	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)