

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:

400231647

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: <u>47120</u>	4. Contact Name: <u>Cindy Vue</u>
2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6832</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7832</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	

5. API Number <u>05-123-32562-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>CANNON</u>	Well Number: <u>31-3</u>
8. Location: QtrQtr: <u>SWNW</u> Section: <u>3</u> Township: <u>2N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: J SAND

Status: TEMPORARILY ABANDONED

Treatment Date: 09/01/2011

Date of First Production this formation:

Perforations Top: 7776 Bottom: 7790 No. Holes: 56 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

10/30/11 -Set CIBP @ 7378' w/ 2 sks sand. Treated formation but has not produced this formation to sales yet.
09/01/11 -Frac J-Sand down 4-1/2" Csg w/ 143,241 gal Slickwater w/ 114,264# 40/70, 3,700# 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:

Set CIBP @ 7378' w/ 2 sks sand.

Date formation Abandoned: 10/30/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

Bridge Plug Depth: 7378 Sacks cement on top:

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 11/07/2011

Date of First Production this formation: 11/16/2011

Perforations Top: 7044 Bottom: 7308 No. Holes: 108 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

NB PERF 7044-7308 HOLES 60 SIZE 0.38 CD PERF 7296-7308 HOLES 48 SIZE 0.38
Frac Niobrara w/ 250 gal 15% HCl & 244,948 gal Slickwater w/ 200,940# 40/70, 4,000# SB Excel
Frac Codell w/ 198,845 gal Slickwater w/ 150,140# 40/70, 4,000# SB Excel

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 11/17/2011 Hours: 24 Bbls oil: 20 Mcf Gas: 125 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 20 Mcf Gas: 125 Bbls H2O: 0 GOR: 6250

Test Method: FLOWING Casing PSI: 944 Tubing PSI: Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1298 API Gravity Oil: 54

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: _____

Email Cindy.Vue@anadarko.com

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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**User Group****Comment****Comment Date**

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Total: 0 comment(s)