

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: 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: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-32562-00
6. County: WELD
7. Well Name: CANNON
Well Number: 31-3
8. Location: QtrQtr: SWNW Section: 3 Township: 2N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SANDStatus: TEMPORARILY ABANDONEDTreatment 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-CODELLStatus: PRODUCINGTreatment Date: 11/07/2011Date of First Production this formation: 11/16/2011Perforations 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: 0Calculated 24 hour rate: _____ Bbls oil: 20 Mcf Gas: 125 Bbls H2O: 0 GOR: 6250Test Method: FLOWING Casing PSI: 944 Tubing PSI: _____ Choke Size: 12/64Gas 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: 12/13/2011

Email Cindy.Vue@anadarko.com
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Attachment Check List

Att Doc Num	Name
400231647	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)