

**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



DE	ET	OE	ES
----	----	----	----

COMPLETED INTERVAL REPORT

Document Number:

400231647

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: <u>WATTENBERG</u> Field Code: <u>90750</u>	

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: 12/13/2011

Email Cindy.Vue@anadarko.com

:

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)