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5A
Rev
02/08</td><td></td></tr>
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| 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
COMPLETED INTERVAL REPORT | | DE | ET | OE | ES |

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109

COMPLETED INTERVAL REPORT

DE	ET	OE	ES

Document Number:

400268484

Date Received:

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 05-123-22896-00

6. County: WELD

7. Well Name: CANNON Well Number: 3-11

8. Location: QtrQtr: NENW Section: 11 Township: 2N Range: 66W Meridian: 6

9. Field Name: Field Code:

Completed Interval

FORMATION: J SAND   Status: TEMPORARILY ABANDONED

Treatment Date: 12/22/2011   Date of First Production this formation: 11/20/2006

Perforations   Top: 7936   Bottom: 7992   No. Holes: 98   Hole size: 0.38

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

CIBP SET @ 7600. These are TA'd for a pressure monitoring test being done to estimate the drainage volume of a horizontal well.

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:

CIBP SET @ 7600

Date formation Abandoned: 12/22/2011   Squeeze: ☐ Yes   ☐ No   If yes, number of sacks cmt _____

Bridge Plug Depth: 7600   Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL   Status: TEMPORARILY ABANDONED

Treatment Date: 03/15/2012   Date of First Production this formation: 04/06/2011

Perforations   Top: 7260   Bottom: 7992   No. Holes: 212   Hole size: 0.38

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

HYDRAULIC PACKERS SET @ 7215-7250, 7279-7319, AND 7400-7502.

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:

HYDRAULIC PACKERS SET @ 7215-7250, 7279-7319, AND 7400-7502. These are TA'd for a pressure monitoring test being done to estimate the drainage volume of a horizontal well.

Date formation Abandoned: 03/15/2012   Squeeze: ☐ Yes   ☐ No   If yes, number of sacks cmt _____

Bridge Plug Depth: 7502   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: _____   Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)