

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
----	----	----	----

Document Number:

400086744

**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: 80217-37

5. API Number 05-123-21755-00 6. County: WELD  
7. Well Name: JOHNSON Well Number: 5-19A  
8. Location: QtrQtr: SWNW Section: 19 Township: 2N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>07/20/2010</u>	Date of First Production this formation: <u>12/23/2003</u>
Perforations Top: <u>7635</u> Bottom: <u>7687</u>	No. Holes: <u>96</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Set sand plug @ 7420'.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
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:	
<u>JSND temporarily abandoned for NB-CD recompleate.</u>	
Date formation Abandoned: <u>07/20/2010</u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: <u>7420</u>	Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date:	08/02/2010	Date of First Production this formation:	08/10/2010
-----------------	------------	--	------------

Perforations	Top:	6970	Bottom:	7219	No. Holes:	118	Hole size:	0.38
--------------	------	------	---------	------	------------	-----	------------	------

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

NBRR Perf 6970-7082 Holes 62 Size 0.42	CODL Perf 7205-7219 Holes 56 Size 0.38
Frac NBRR w/ 250 gal 15% HCl & 248,892 gal SW & 200,480# 40/70 sand & 4,000# SB Excel.	Frac CODL w/ 205.212 gal SW & 150.460# 40/70 sand & 4,000# SB Excel.

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

**Test Information:**

Date:	08/18/2010	Hours:	24	Bbls oil:	45	Mcf Gas:	102	Bbls H2O:	0
-------	------------	--------	----	-----------	----	----------	-----	-----------	---

Calculated 24 hour rate:	Bbls oil:	45	Mcf Gas:	102	Bbls H2O:	0	GOR:	2267
--------------------------	-----------	----	----------	-----	-----------	---	------	------

Test Method: FLOWING	Casing PSI: 375	Tubing PSI:	Choke Size: 12/64
----------------------	-----------------	-------------	-------------------

Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1152	API Gravity Oil:	48
------------------	------	-----------	-----	----------	------	------------------	----

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: 8/23/2010                      Email: Cindy.Vue@anadarko.com

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: David G. Nesline Director of COGCC Date: 12/2/2010

## Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

### General Comments

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

Total: 0 comment(s)