

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

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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 05-123-33381-00
6. County: WELD
7. Well Name: JOHNSTOWN FARMS
Well Number: 12-9
8. Location: QtrQtr: NESW Section: 9 Township: 4N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 11/21/2011 Date of First Production this formation: 01/25/2012
Perforations Top: 6934 Bottom: 7276 No. Holes: 132 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole: []
NB PERF 6934-7140 HOLES 66 SIZE 0.42 CD PERF 7254-7276 HOLES 66 SIZE 0.38
Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 248,581 gal Slickwater w/ 100,900# 40/70, 4,000# SB Excel
Frac Codell down 4-1/2" Csg w/ 208,885 gal Slickwater w/ 75,440# 40/70, 4,000# SB Excel
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 01/26/2012 Hours: 24 Bbls oil: 100 Mcf Gas: 500 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 100 Mcf Gas: 500 Bbls H2O: 0 GOR: 5000
Test Method: FLOWING Casing PSI: 2600 Tubing PSI: Choke Size: 10/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1228 API Gravity Oil: 47
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: 2/6/2012 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Name
400248895	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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