

**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:

400249463

Date Received:

02/07/2012

## 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-

5. API Number            05-123-33382-00

6. County: WELD

7. Well Name: JOHNSTOWN FARMS

Well Number: 23-9

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: 01/23/2012

Date of First Production this formation: 01/26/2012

Perforations	Top:	7020	Bottom:	7354	No. Holes:	126	Hole size:	0.42
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Provide a brief summary of the formation treatment:

Open Hole: 

NB PERF 7020-7224 HOLES 66 SIZE 0.42 CD PERF 7334-7354 HOLES 60 SIZE 0.42  
Frac NBRR down casing w/ 252 gal 15% HCl & 210,714 gal slickwater w/ 201,220# 40/70, 4,000# SB Excel  
Frac CODL down casing w/ 204,498 gal slickwater w/ 151,120# 40/70, 4,000# SB Excel

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

**Test Information:**

Date:	01/27/2012	Hours:	24	Bbls oil:	100	Mcf Gas:	500	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	100	Mcf Gas:	500	Bbls H2O:	0	GOR:	5000
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Test Method: FLOWING	Casing PSI: 1800	Tubing PSI:	Choke Size: 10/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1228	API Gravity Oil:	47
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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: 2/7/2012                      Email: Cindy.Vue@anadarko.com

### Attachment Check List

Att Doc Num	Name
400249463	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)