

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



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Document Number:

2556294

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) 9296836
3. Address: P O BOX 173779 Fax: (720) 9297832
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-21606-00 6. County: WELD
7. Well Name: JOHNSON Well Number: 19-29
8. Location: QtrQtr: CSW Section: 29 Township: 4N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 05/25/2010 Date of First Production this formation: 05/30/2010
Perforations Top: 6764 Bottom: 7050 No. Holes: 181 Hole size: 38/100
Provide a brief summary of the formation treatment: Open Hole: ☐
NBRR PERF 6764-6930 HOLES 115 SIZE 0.38. CODL PERF 7036-7050 HOLES 66 SIZE 0.38. REPERF CODL 7036-7050 HOLES 56 SIZE 0.38. REFRAC NB-CD W/ 435330 GAL SW AND 343040# 40/70 SAND AND 8000# SB EXCEL.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 06/08/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: Bbls oil: 42 Mcf Gas: 244 Bbls H2O: 0 GOR: 6100
Test Method: FLOWING Casing PSI: 400 Tubing PSI: _____ Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1348 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: 6/24/2010 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 S. Neslin

Director of COGCC

Date: 11/24/2010

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 2556294 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)