

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:

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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 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 05-123-11961-00 6. County: WELD
7. Well Name: JOHNSON Well Number: A-30
8. Location: QtrQtr: SWSW Section: 30 Township: 4N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: ABANDONED COMPLETION

Treatment Date: 07/14/1994 Date of First Production this formation: 03/26/1986
Perforations Top: 6972 Bottom: 7142 No. Holes: 35 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

7/14/1994-Perf 2 squeeze holes @ 4750'. Mix and pump 350 sx class G w/ 10% salt + .5% CF14A + .2% TF-4.
12/9/1984-Frac NB w/ 1k gal acid, 59k gal GWX-7 gel w/ 22 ppg 20/40 sand
12/7/1984-Perf NB 6972-7014 Holes 15
9/13/1984-Frac CD w/ 60k gal 40 gel w/ 20 ppg 20/40 sand
9/12/1984-Perf CD 7132-7142 Holes 20

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:

Set cement plug for SX Recomplete.
No 3rd party cement ticket available for the 350 sx cmt squeeze.

Date formation Abandoned: 07/14/1994 Squeeze: ☒ Yes ☐ No If yes, number of sacks cmt 350

Bridge Plug Depth: 5000 Sacks cement on top: _____

FORMATION: SUSSEX Status: PRODUCING

Treatment Date: 07/24/1994 Date of First Production this formation: 08/05/1994

Perforations Top: 4520 Bottom: 4530 No. Holes: 20 Hole size: 0.38

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

Frac SX w/ 78,200 gal Saturn III 35/30 LPH/D gel w/ 260,000# 12/20 sand and 20,000 12/20 ACFrac CR-5000 sand

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

Test Information:

Date: 12/06/2010 Hours: 24 Bbls oil: 1 Mcf Gas: 4 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 4 Bbls H2O: 0 GOR: 4000

Test Method: FLOWING Casing PSI: 530 Tubing PSI: 470 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1274 API Gravity Oil: 58

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4401 Tbg setting date: 09/10/1994 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:

ATTN: Production Specialist, Darla Geimausaddle. This well is on the Delinquent Monthly Production Reports for NB-CD Formation, Time period 08/2001-04/2010 for 105 missing reports.
This Form 5A is the most up to date on the well history. Thank you.

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: _____ 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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)