

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:
400143282

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: 80217-37
4. Contact Name: Kenny Trueax
Phone: (720) 929-6383
Fax: (720) 929-7383

5. API Number 05-123-20767-00
6. County: WELD
7. Well Name: JOHNSON
Well Number: 7-30A
8. Location: QtrQtr: SWNE Section: 30 Township: 2N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 02/07/2011 Date of First Production this formation: 02/04/2011
Perforations Top: 7210 Bottom: 7974 No. Holes: 258 Hole size: 0.42

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

NB Perf: 7210-7396 Holes: 154 Size: .42
CD Perf: 7510-7526 Holes: 64 Size: .38
J Sand Perf: 7954-7974 Holes: 40 Size: .38
Drill out plug to commingled J/NB/CD - No new treatment
No choke

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/16/2011 Hours: 24 Bbls oil: 12 Mcf Gas: 102 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 12 Mcf Gas: 102 Bbls H2O: 0 GOR: 8500
Test Method: Flowing Casing PSI: 582 Tubing PSI: 458 Choke Size: _____
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1203 API Gravity Oil: 50
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7484 Tbg setting date: 02/10/2009 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: _____

FORMATION: J SAND Status: PRODUCING

Treatment Date: 02/07/2011 Date of First Production this formation: 02/03/2003

Perforations Top: 7954 Bottom: 7974 No. Holes: 40 Hole size: 0.38

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

Drill out sand plug and circulate clean
Commingled with NB/CD

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:

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: Kenny Trueax

Title: Regulatory Analyst II Date: 3/17/2011 Email Kenny.Trueax@anadarko.com

Attachment Check List

Att Doc Num	Name
400143282	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)