

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: Kenny Trueax  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6383  
3. Address: P O BOX 173779 Fax: (720) 929-7383  
City: DENVER State: CO Zip: 80217-37

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 commingle 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: \_\_\_\_\_ Email Kenny.Trueax@anadarko.com

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**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)