

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

COMPLETED INTERVAL REPORT

Document Number:  
2555555

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: CINDY VUE  
Phone: (720) 929-68332  
Fax: (720) 929-7832

5. API Number 05-123-27141-00  
6. County: WELD  
7. Well Name: RADMEACHER  
Well Number: 23-25  
8. Location: QtrQtr: SWSE Section: 25 Township: 3N Range: 68W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/08/2008 Date of First Production this formation: 10/16/2008

Perforations Top: 7138 Bottom: 7416 No. Holes: 158 Hole size: 38/100

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

NBRR PERF 7138-7272 HOLES 114 SIZE 0.42 CODL PERF 7398-7416 HOLES 54 SIZE 0.38 FRAC NBRR W/331,178 GAL SW & 253,000# 40/70 SAND & 8,000# 20/40 SB EXCEL. FRAC CODL W/130,632 GAL SILVERSTIM GEL & 220,000# 20/40 SAND & 4,000# 20/40 SB EXCEL.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 03/01/2009 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 28 Mcf Gas: 85 Bbls H2O: 0 GOR: 3036

Test Method: FLOWING Casing PSI: 1280 Tubing PSI: 1080 Choke Size: 26/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1174 API Gravity Oil: 1273

Tubing Size: 2 + 24/64 Tubing Setting Depth: 7360 Tbg setting date: 02/06/2009 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: \_\_\_\_\_

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: 5/28/2010 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: 10/12/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2555555	FORM 5A SUBMITTED	LF@2506071 2555555

Total Attach: 1 Files