

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 05-123-24701-00 6. County: WELD  
7. Well Name: RADEMACHER Well Number: 36-30  
8. Location: QtrQtr: SESW Section: 30 Township: 3N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>11/12/2010</u>	Date of First Production this formation: <u>02/26/2008</u>
Perforations Top: <u>7352</u> Bottom: <u>7364</u>	No. Holes: <u>48</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Sand plug set at 7278' w/fill to 7274'</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
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: _____	
<u>TA for Niobrara recomplete</u>	
Date formation Abandoned: <u>11/12/2010</u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: _____	Sacks cement on top: _____

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 12/07/2010 Date of First Production this formation: 12/13/2010

Perforations Top: 7076 Bottom: 7218 No. Holes: 66 Hole size: 0.38

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

NB Perf: 7076-7218 Holes: 66 Size: .38  
Frac NB w/ 250 gal 15% HCl & 252,422 gal Slickwater w/ 100,453# 40/70 sand, 4,000# SB Excel sand

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

**Test Information:**

Date: 01/06/2011 Hours: 24 Bbls oil: 4 Mcf Gas: 71 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 4 Mcf Gas: 71 Bbls H2O: 0 GOR: 17750

Test Method: Flowing Casing PSI: 540 Tubing PSI:        Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1233 API Gravity Oil: 49

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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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**

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

Total: 0 comment(s)