

**FORM
5A**Rev
02/08State 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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COMPLETED INTERVAL REPORT

Document Number:

400127160

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 05-123-20665-00 6. County: WELD
7. Well Name: RADEMACHER Well Number: 16-25A
8. Location: QtrQtr: SESE Section: 25 Township: 3N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>GREENHORN</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>12/06/2010</u>		Date of First Production this formation: <u>12/28/2010</u>	
Perforations	Top: <u>7424</u>	Bottom: <u>7456</u>	No. Holes: <u>64</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<p>GH Perf: 7424-7456 Holes: 64 Size: .42 Frac GH w/ 1408 bbls SW and 2990 bbls of Dynaflow 2 with 45,200 lbs 100 mesh sand, 267,500# 20/40 sand and 8,000# 20/40 Super LC sand No choke</p>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>02/15/2011</u>	Hours: <u>24</u>	Bbls oil: <u>4</u>	Mcf Gas: <u>4</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>4</u>	Mcf Gas: <u>4</u> Bbls H2O: <u>0</u> GOR: <u> </u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1311</u>	Tubing PSI: <u>350</u>	Choke Size: <u> </u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1255</u>	API Gravity Oil: <u>51</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7382</u>	Tbg setting date: <u>12/13/2010</u>	Packer Depth: <u> </u>
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u> </u>
Bridge Plug Depth: <u> </u>		Sacks cement on top: <u> </u>	

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 11/05/2010 Date of First Production this formation: 01/29/2002

Perforations Top: 7658 Bottom: 7686 No. Holes: 84 Hole size: 0.34

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

CIBP set at 7553' with 10sx 20/40 sand on top; wireline tagged fill at 7514'

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:

TA for GH recomplete

Date formation Abandoned: 11/05/2010 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)