

FORM
5A

Rev
02/08

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State of Colorado

Oil and Gas Conservation Commission



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400127278

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 05-123-23974-00 6. County: WELD
 7. Well Name: RADEMACHER Well Number: 32-25
 8. Location: QtrQtr: NWSW Section: 25 Township: 3N Range: 68W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING
 Treatment Date: 12/21/2010 Date of First Production this formation: 05/21/2007
 Perforations Top: 7518 Bottom: 7538 No. Holes: 60 Hole size: 0.45
 Provide a brief summary of the formation treatment: Open Hole:
Commingled with Niobrara
 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: _____

FORMATION: NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 12/06/2010 Date of First Production this formation: 12/29/2010

Perforations Top: 7276 Bottom: 7538 No. Holes: 126 Hole size: 0.38

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

NB Perf: 7276-7398 Holes: 66 Size: .38
Frac NB w/ 250 gal 15% HCl & 236,797 gal Slickwater w/ 201,280# 40/70 sand, 4,000# SuperLC sand
CD Perf: 7518-7538 Holes 60 Size: .45
No new perf; no new treatment
No choke

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/01/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 26 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 26 Bbls H2O: 0 GOR: 13000

Test Method: Flowing Casing PSI: 1613 Tubing PSI: 834 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1255 API Gravity Oil: 53

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7483 Tbg setting date: 12/21/2010 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)