

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 05-123-23974-00 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: <u>CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>12/21/2010</u>		Date of First Production this formation: <u>05/21/2007</u>	
Perforations	Top: <u>7518</u>	Bottom: <u>7538</u>	No. Holes: <u>60</u> Hole size: <u>0.45</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>Commingled with Niobrara</div>			
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input 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: _____			
<div></div>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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)