

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:

400225593

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: Cindy Vue
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832
3. Address: P O BOX 173779 Fax: (720) 929-7832
City: DENVER State: CO Zip: 80217-

5. API Number 05-123-24698-00 6. County: WELD
7. Well Name: RADEMACHER Well Number: 35-30
8. Location: QtrQtr: SESW Section: 30 Township: 3N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 01/20/2011 Date of First Production this formation: 02/21/2008
Perforations Top: 7371 Bottom: 7386 No. Holes: 60 Hole size: 0.42

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

CD PERF 7371-7386 HOLES 60 SIZE 0.42
1/20/11 -DRILL & CIRC SAND TO CIBP. DRILL CIBP & PUSH TO 7458'
1/27/11 -COMMINGLE NB-CD PRODUCTION

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: PRODUCING

Treatment Date: 01/20/2011 Date of First Production this formation: 01/27/2011

Perforations Top: 7111 Bottom: 7386 No. Holes: 126 Hole size: 0.42

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

NB PERF 7111-7248 HOLES 66 SIZE 0.38 CD PERF 7371-7386 HOLES 60 SIZE 0.42
 1/20/11 -DRILL & CIRC SAND TO CIBP. DRILL CIBP & PUSH TO 7458'
 1/27/11 -COMMINGLE NB-CD PRODUCTION

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

Test Information:

Date: 01/27/2011 Hours: 24 Bbls oil: 10 Mcf Gas: 100 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 10 Mcf Gas: 100 Bbls H2O: 0 GOR: 10000

Test Method: FLOWING Casing PSI: 1150 Tubing PSI: 1150 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1237 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7350 Tbg setting date: 01/21/2011 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 Status: COMMINGLED

Treatment Date: 01/20/2011 Date of First Production this formation: 12/13/2010

Perforations Top: 7111 Bottom: 7248 No. Holes: 66 Hole size: 0.38

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

NB PERF 7111-7248 HOLES 66 SIZE 0.38
 1/20/11 -DRILL & CIRC SAND TO CIBP. DRILL CIBP & PUSH TO 7458'
 1/27/11 -COMMINGLE NB-CD PRODUCTION

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: _____

Comment:

THIS WELL IS ON THE KERR-MCGEE DELINQUENCY LIST. THIS FORM 5A IS THE MOST UP TO DATE ON THE WELLBORE. THANK YOU.

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: _____

Email Cindy.Vue@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 |
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Total Attach: 0 Files

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)