

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:

400225665

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 05-123-24701-00 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: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>01/24/2011</u>		Date of First Production this formation: <u>12/11/2008</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"/>	
<div>1/24/11 -Drill CIBP &amp; push to 7840' 1/27/11 -Commingled with NBRR production</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: PRODUCING

Treatment Date: 01/24/2011 Date of First Production this formation: 01/27/2011

Perforations Top: 7076 Bottom: 7364 No. Holes: 114 Hole size: 0.42

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

NB PERF 7076-7218 HOLES 66 SIZE 0.38 CD PERF 7352-7364 HOLES 48 SIZE 0.42  
 1/24/11 -Drill CIBP & push to 7840'  
 1/27/11 -Commingle with 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: 800 Tubing PSI: 800 Choke Size: 12/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7331 Tbg setting date: 01/25/2011 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: 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: ☐

12/7/10 -Frac Niobrara w/ 250 gal 15% HCl & 252,422 gal Slickwater w/ 100,453# 40/70, 4,000# SB Excel  
 12/13/10 -NBRR PRODUCING ONLY  
 1/24/11 -Drill CIBP & push to 7840'  
 1/27/11 -Commingle with 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 CURRENT INFORMATION ON THIS 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

Total Attach: 0 Files

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

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Total: 0 comment(s)