

**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:
400274013

Date Received:

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: <u>47120</u>	4. Contact Name: <u>Cindy Vue</u>
2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6832</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7832</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	

5. API Number <u>05-123-09993-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>THEO J.RADEMACHER UNIT</u>	Well Number: <u>2</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>30</u> Township: <u>3N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 03/07/2012 Date of First Production this formation: 06/23/2005

Perforations Top: 7170 Bottom: 7190 No. Holes: 60 Hole size: 0.42

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

Refrac CODL down 2.875" tbg w/ pkr ^ ni w/ 202,356 gal slickwater w/ 150,400# 40/70, 4,000# SB Excel.
Broke @ 3,214 psi @ 13.5 bpm. ATP=4,678 psi; MTP=6,777 psi; ATR=27.0 bpm; ISDP=2,658 psi
Return to production 3/22/2012 after CODL Refrac.

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/23/2012 Hours: 24 Bbls oil: 1 Mcf Gas: 13 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 13 Bbls H2O: 0 GOR: 13000

Test Method: FLOWING Casing PSI: 320 Tubing PSI: 358 Choke Size: 48/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1214 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7139 Tbg setting date: 03/12/2012 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: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 02/16/2012 Date of First Production this formation: 10/14/1980

Perforations Top: 7624 Bottom: 7654 No. Holes: 120 Hole size: 0.38

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

Set sand plug @ 7380' for CODL Refrac.

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:
Set sand plug @ 7380' for CODL Refrac.

Date formation Abandoned: 02/16/2012 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: Cindy Vue

Title: Regulatory Analyst II

Date: _____

Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)