

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: 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 05-123-09993-00

6. County: WELD

7. Well Name: THEO J.RADEMACHER UNIT

Well Number: 2

8. Location: QtrQtr: NESE Section: 30 Township: 3N

Range: 67W Meridian: 6

9. Field Name: Field Code:

Completed Interval

FORMATION: CODELLStatus: PRODUCINGTreatment Date: 03/07/2012Date of First Production this formation: 06/23/2005Perforations 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: 0Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 13 Bbls H2O: 0 GOR: 13000Test Method: FLOWING Casing PSI: 320 Tubing PSI: 358 Choke Size: 48/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1214 API Gravity Oil: 47Tubing 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 SANDStatus: TEMPORARILY ABANDONEDTreatment Date: 02/16/2012Date of First Production this formation: 10/14/1980Perforations 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)