

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: 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: 80217-37

5. API Number 05-123-27387-00 6. County: WELD
7. Well Name: RADEMACHER Well Number: 23-30
8. Location: QtrQtr: NESW Section: 30 Township: 3N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CODELL Status: TEMPORARILY ABANDONED

Treatment Date: 11/17/2010 Date of First Production this formation: 07/24/2007

Perforations Top: 7175 Bottom: 7196 No. Holes: 63 Hole size: 0.38

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

CIBP w/ 2 sx sand cap set at 7,148' for NBRR Recomplete.

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: _____

CIBP w/ 2 sx sand cap set at 7,148' for NBRR Recomplete.

Date formation Abandoned: 11/12/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7148 Sacks cement on top: _____

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 12/09/2010 Date of First Production this formation: 12/15/2010

Perforations Top: 6946 Bottom: 7078 No. Holes: 60 Hole size: 0.38

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

Frac Niobrara A & B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 240,114 gal Slickwater w/ , 4,000# SuperLC.

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

Test Information:

Date: 01/12/2011 Hours: 24 Bbls oil: 5 Mcf Gas: 38 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 38 Bbls H2O: 0 GOR: 7600

Test Method: FLOWING Casing PSI: 560 Tubing PSI: Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1255 API Gravity Oil: 53

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:

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

Total: 0 comment(s)