

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400125042

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 05-123-27335-00 6. County: WELD
 7. Well Name: RADEMACHER Well Number: 24-30
 8. Location: QtrQtr: NWSE Section: 30 Township: 3N Range: 67W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J SAND Status: PRODUCING
 Treatment Date: 12/02/2010 Date of First Production this formation: 12/15/2010
 Perforations Top: 7710 Bottom: 7740 No. Holes: 54 Hole size: 0.41
 Provide a brief summary of the formation treatment: _____ Open Hole:

 Frac w/ 154,098 gal SW w/ 115,040# 40/70 & 4,000# SB Excel
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 01/18/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0
 Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0
 Test Method: FLOWING Casing PSI: 1479 Tubing PSI: 1309 Choke Size: 48/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1265 API Gravity Oil: 40
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7682 Tbg setting date: 12/09/2010 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: 01/30/2007 Date of First Production this formation: 05/15/2007

Perforations Top: 7022 Bottom: 7296 No. Holes: 156 Hole size: 0.38

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

Perf NB 7022-7082 Holes 84 Size 0.42 Perf CD 7272-7296 Holes 72 Size 0.38
No additional treatment

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/18/2011 Hours: 24 Bbls oil: 3 Mcf Gas: 14 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 3 Mcf Gas: 14 Bbls H2O: 0 GOR: 4667

Test Method: FLOWING Casing PSI: 1479 Tubing PSI: 1309 Choke Size: 48/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1265 API Gravity Oil: 40

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7682 Tbg setting date: 12/09/2010 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

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

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

Total: 0 comment(s)