

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

Document Number:
400127160

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
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-37
4. Contact Name: Kenny Trueax
Phone: (720) 929-6383
Fax: (720) 929-7383

5. API Number 05-123-20665-00
6. County: WELD
7. Well Name: RADEMACHER
Well Number: 16-25A
8. Location: QtrQtr: SESE Section: 25 Township: 3N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: GREENHORN Status: PRODUCING

Treatment Date: 12/06/2010 Date of First Production this formation: 12/28/2010
Perforations Top: 7424 Bottom: 7456 No. Holes: 64 Hole size: 0.42

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

GH Perf: 7424-7456 Holes: 64 Size: .42
Frac GH w/ 1408 bbls SW and 2990 bbls of Dynaflow 2 with 45,200 lbs 100 mesh sand, 267,500# 20/40 sand and 8,000# 20/40 Super LC sand
No choke

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/15/2011 Hours: 24 Bbls oil: 4 Mcf Gas: 4 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 4 Mcf Gas: 4 Bbls H2O: 0 GOR: _____
Test Method: Flowing Casing PSI: 1311 Tubing PSI: 350 Choke Size: _____
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1255 API Gravity Oil: 51
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7382 Tbg setting date: 12/13/2010 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: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 11/05/2010 Date of First Production this formation: 01/29/2002

Perforations Top: 7658 Bottom: 7686 No. Holes: 84 Hole size: 0.34

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

CIBP set at 7553' with 10sx 20/40 sand on top; wireline tagged fill at 7514'

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: _____

TA for GH recomplete

Date formation Abandoned: 11/05/2010 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: Kenny Trueax

Title: Regulatory Analyst II Date: 3/7/2011 Email Kenny.Trueax@anadarko.com

Attachment Check List

Att Doc Num	Name
400127160	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)