

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:

400225750

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 05-123-27387-00 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: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 01/27/2011 Date of First Production this formation: 05/08/2007  
Perforations Top: 7294 Bottom: 7316 No. Holes: 66 Hole size: 0.45

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

2/07/07 -CD PERF 7294-7316 HOLES 66 SIZE 0.45  
12/2/10 -SET CIBP @ 7250' W/ 2 SX SAND FOR NB RECOMPLETE  
1/27/11 -DRILL CIBP & PUSH TO 7394'  
2/04/11 -COMMINGLE NB-CD PRODUCTION

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:

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: 01/27/2011

Date of First Production this formation: 02/04/2011

Perforations Top: 7048 Bottom: 7316 No. Holes: 132 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

2/07/07 -CD PERF 7294-7316 HOLES 66 SIZE 0.45  
12/2/10 -SET CIBP @ 7250' W/ 2 SX SAND FOR NB RECOMPLETE  
12/3/10 -NB PERF 7048-7177 HOLES 66 SIZE 0.38  
1/27/11 -DRILL CIBP & PUSH TO 7394'  
2/04/11 -COMMINGLE NB-CD PRODUCTION

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 02/04/2011 Hours: 24 Bbls oil: 7 Mcf Gas: 36 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 7 Mcf Gas: 36 Bbls H2O: 0 GOR: 5143

Test Method: FLOWING Casing PSI: 1700 Tubing PSI: 1000 Choke Size: 26/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1237 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7270 Tbg setting date: 01/27/2011 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

Status: COMMINGLED

Treatment Date: 12/09/2010

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

Perforations Top: 7048 Bottom: 7177 No. Holes: 66 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

12/3/10 -NB PERF 7048-7177 HOLES 66 SIZE 0.38  
12/9/10 -Frac Niobrara w/ 252 gal 15% HCl & 238,770 gal Slickwater w/ 200,260# 40/70, 4,000# SuperLC  
12/15/10 -NBRR PRODUCING ONLY  
1/27/11 -DRILL CIBP @ 7250' & PUSH TO 7394'  
2/04/11 -COMMINGLE NB-CD PRODUCTION

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:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

Comment:

THIS WELL IS ON THE KERR-MCGEE DELINQUENCY LIST. THIS FORM 5A IS THE MOST CURRENT ON THE WELLBORE.  
THANK YOU.

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: 11/21/2011

Email: Cindy.Vue@anadarko.com  
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### **Attachment Check List**

Att Doc Num	Name
400225750	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)