

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 City: DENVER State: CO Zip: 80217- Fax: (720) 929-7832

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: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type:
Treatment Date: 03/07/2012 End Date: Date of First Production this formation: 06/23/2005
Perforations 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 [X] No

Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Max frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): Rule 805 green completion techniques were utilized: [ ]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/24/2012 Hours: 24 Bbl oil: 1 Mcf Gas: 13 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 1 Mcf Gas: 13 Bbl H2O: 0 GOR: 13000
Test Method: FLOWING Casing PSI: 320 Tubing PSI: 358 Choke Size: 48/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1214 API Gravity Oil: 47
Tubing 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: \*\* Wireline and Cement Job Summary must be attached.

FORMATION: J SAND Status: TEMPORARILY ABANDONED Treatment Type: \_\_\_\_\_  
 Treatment Date: 02/16/2012 End Date: \_\_\_\_\_ Date of First Production this formation: 10/14/1980  
 Perforations 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  
 Total fluid used in treatment (bbl): \_\_\_\_\_ Max pressure during treatment (psi): \_\_\_\_\_  
 Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): \_\_\_\_\_  
 Type of gas used in treatment: \_\_\_\_\_ Max frac gradient (psi/ft): \_\_\_\_\_  
 Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: \_\_\_\_\_  
 Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_  
 Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: \_\_\_\_\_  
 Total proppant used (lbs): \_\_\_\_\_ Rule 805 green completion techniques were utilized:   
 Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_  
 Calculated 24 hour rate: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl 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: 02/11/2012 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_  
 \*\* Bridge Plug Depth: \_\_\_\_\_ \*\* Sacks cement on top: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

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: 4/19/2012 Email: Cindy.Vue@anadarko.com

**Attachment Check List**

Att Doc Num	Name
400274013	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>

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