

FORM
5A

Rev
09/20

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

404022396

Date Received:

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. ECMC Operator Number: <u>47120</u>	4. Contact Name: <u>Christina Hirtler</u>
2. Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6301</u>
3. Address: <u>P O BOX 173779</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	Email: <u>christina_hirtler@oxy.com</u>

5. API Number <u>05-123-52568-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>RADEMACHER SOUTH</u>	Well Number: <u>30-15HZ</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>30</u> Township: <u>3N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 09/15/2024 End Date: 10/04/2024 Date this Formation was Completed: 11/15/2024

Perforations Top: 7717 Bottom: 16951 No. Holes: 543 Hole size: 0.4 Open Hole:

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

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: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 1863

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

11/22/2024 Hours: 24 Bbl oil: 787 Mcf Gas: 1944 Bbl H2O: 278
Date Calculated 24 hour rate: Bbl oil: 787 Mcf Gas: 1944 Bbl H2O: 278 GOR: 2471
Test Method: FLOWING Casing PSI: 2443 Tubing PSI: 1588 Choke Size: 32/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1361 API Gravity Oil: 51
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7265 Tbg setting date: 11/11/2024 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.

Comment:

This Form 5A is being provided with a date of first production, flowback volume and test data now that tubing has been set on the well.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Christina Hirtler

Title: Regulatory Date: _____ Email: christina_hirtler@oxy.com

ATTACHMENT LIST

Att Doc Num	Name
404022411	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)