

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:
404021814

Date Received:
12/10/2024

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>05-123-52565-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>RADEMACHER SOUTH</u>	Well Number: <u>30-12HZ</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: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

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

Perforations Top: 8180 Bottom: 17331 No. Holes: 834 Hole size: 0.42 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.

24 BBL 15% HCL ACID; 303 Y007-FB ACID; 65 BBL 7.5% HCL ACID; 11559 BBL PUMP DOWN; 376526 BBL SLICKWATER; 388477 BBL TOTAL FLUID; 11349910 LBS 40/140 CAPITAL SAND HILLS; 2488368 LBS 100 MESH GENOA/SAND HILLS; 13838278 LBS TOTAL PROPPANT.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 388477 Max pressure during treatment (psi): 8991

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.92

Total acid used in treatment (bbl): 392 Number of staged intervals: 28

Recycled or Reused Fluids used in treatment (bbl): 3279 Flowback volume recovered (bbl): 3616

Recycled Produced Water Alternative used in treatment (bbls): _____

Fresh water used in treatment (bbl): 384806 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 13838278

Fracture stimulations must be reported on FracFocus.org

Test Information:

11/23/2024 Hours: 24 Bbl oil: 1126 Mcf Gas: 3722 Bbl H2O: 494

Calculated 24 hour rate: Bbl oil: 1126 Mcf Gas: 3722 Bbl H2O: 494 GOR: 3306

Test Method: FLOWING Casing PSI: 2273 Tubing PSI: 1385 Choke Size: 40/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1361 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7545 Tbg setting date: 11/09/2024 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: 12/10/2024 Email: christina_hirtler@oxy.com

ATTACHMENT LIST

Att Doc Num	Name
404021814	FORM 5A SUBMITTED
404021847	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Per operator concurrence adjusted Date of First Production to match Form 7 / correct production date Permitting review complete	03/24/2026
Permit	Added treatment values to complete for data. Adjusted GOR to reflect rounding up of value. Emailed operator clarification on discrepancy between form 7 production dates and Form 5A Date of First Production from this Formation	03/04/2026

Total: 2 comment(s)