

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:

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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 Fax: (720) 929-7832
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-32084-00 6. County: WELD
7. Well Name: RIVERBEND Well Number: 32-18
8. Location: QtrQtr: SWSW Section: 18 Township: 1N Range: 66W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>12/10/2010</u>		Date of First Production this formation: <u>01/19/2011</u>	
Perforations	Top: <u>8272</u>	Bottom: <u>8300</u>	No. Holes: <u>60</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Frac J-Sand down 4-1/2" Csg w/ 146,958 gal Slickwater w/ 115,420# 40/70, 4,000# SB Excel.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>01/27/2011</u>	Hours: <u>24</u>	Bbls oil: <u>2</u>	Mcf Gas: <u>17</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>2</u>	Mcf Gas: <u>17</u> Bbls H2O: <u>0</u> GOR: <u>8500</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1200</u>	Tubing PSI: _____	Choke Size: <u>14/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1264</u>	API Gravity Oil: <u>56</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: _____ _____			
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____			
Bridge Plug Depth: _____ Sacks cement on top: _____			

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 12/17/2010

Date of First Production this formation: 01/19/2011

Perforations Top: 7584 Bottom: 7838 No. Holes: 120 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

NB Perf 7584-7680 Holes 66 Size 0.47 CD Perf 7820-7838 Holes 54 Size 0.42

Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 243,287 gal Slickwater w/ 200,260# 40/70, 4,000# SB Excel

Frac Codell down 4-1/2" Csg w/ 202,608 gal Slickwater w/ 150,620# 40/70, 4,000# SB Excel

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

Date: 01/27/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 17 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 17 Bbls H2O: 0 GOR: 8500

Test Method: FLOWING Casing PSI: 1200 Tubing PSI: Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1264 API Gravity Oil: 56

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:

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: Email: Cindy.Vue@anadarko.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: Director of COGCC Date:

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)