

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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COMPLETED INTERVAL REPORT

Document Number:
400129093

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
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-37
4. Contact Name: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-32120-00
6. County: WELD
7. Well Name: RIVERBEND Well Number: 22-18
8. Location: QtrQtr: SWSW Section: 18 Township: 1N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: PRODUCING
Treatment Date: 12/10/2010 Date of First Production this formation: 01/19/2011
Perforations Top: 8286 Bottom: 8316 No. Holes: 60 Hole size: 0.38
Provide a brief summary of the formation treatment: Open Hole:
Frac J-Sand down 4-1/2" Csg w/ 148,260 gal Slickwater w/ 116,060# 40/70, 4,000# SB Excel.
This formation is commingled with another formation: Yes No
Test Information:
Date: 01/28/2011 Hours: 24 Bbls oil: 25 Mcf Gas: 26 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 25 Mcf Gas: 26 Bbls H2O: 0 GOR: 1040
Test Method: FLOWING Casing PSI: 820 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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 12/14/2010 Date of First Production this formation: 01/19/2011

Perforations Top: 7606 Bottom: 7854 No. Holes: 120 Hole size: 0.42

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

NB Perf 7606-7692 Holes 66 Size 0.47 CD Perf 7836-7854 Holes 54 Size 0.42
Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 245,912 gal Slickwater w/ 200,540# 40/70, 4,000# SB Excel
Frac Codell down 4-1/2" Csg w/ 203,238 gal Slickwater w/ 150,940# 40/70, 4,000# SB Excel

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/28/2011 Hours: 24 Bbls oil: 25 Mcf Gas: 26 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 25 Mcf Gas: 26 Bbls H2O: 0 GOR: 1040

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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: 1/31/2011 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: *David S. Neslin* Director of COGCC Date: 2/3/2011

Attachment Check List

Att Doc Num	Name
400129093	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)