

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

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: 80217-37 Fax: (720) 929-7832

5. API Number 05-123-32031-00 6. County: WELD
7. Well Name: RIVERBEND Well Number: 25-13
8. Location: QtrQtr: SWNE Section: 13 Township: 1N Range: 67W Meridian: 6
9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED
Treatment Date: 01/31/2011 Date of First Production this formation: 02/22/2011
Perforations Top: 7380 Bottom: 8060 No. Holes: 190 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole: []
NIOBRARA 7380-7472 HOLES 66 SIZE 0.42
CODELL 7610-7626 HOLES 64 SIZE 0.38
J SAND 8020-8060 HOLES 60 SIZE 0.42
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 02/27/2011 Hours: 24 Bbls oil: 86 Mcf Gas: 250 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 86 Mcf Gas: 250 Bbls H2O: 0 GOR: 2097
Test Method: FLOWING Casing PSI: 900 Tubing PSI: Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1244 API Gravity Oil: 48
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: J SAND Status: PRODUCING

Treatment Date: 01/31/2011 Date of First Production this formation: 02/22/2011

Perforations Top: 8020 Bottom: 8060 No. Holes: 60 Hole size: 0.42

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

Frac J-Sand down 4-1/2" Csg w/ 144,892 gal Slickwater w/ 115,020# 40/70, 4,000# SuperLC.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls 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: _____

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: 02/07/2011 Date of First Production this formation: 02/22/2011

Perforations Top: 7380 Bottom: 7626 No. Holes: 130 Hole size: 0.42

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

NB Perf 7380-7472 Holes 66 Size 0.42 CD Perf 7610-7626 Holes 64 Size 0.38
Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 241,573 gal Slickwater w/ 200,720# 40/70, 4,000# SuperLC.
Frac Codell down 4-1/2" Csg w/ 199,710 gal Slickwater w/ 151,100# 40/70, 4,000# SuperLC.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls 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: _____

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: 3/8/2011 Email Cindy.Vue@anadarko.com
:

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400140196 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)