

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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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. 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-

5. API Number 05-123-33940-00

6. County: WELD

7. Well Name: RIVERBEND

Well Number: 37-12

8. Location: QtrQtr: NENE Section: 13 Township: 1N Range: 67W Meridian: 6

9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL

Status: COMMINGLED

Treatment Date: 02/14/2012

Date of First Production this formation: 02/29/2012

Perforations Top: 7614 Bottom: 7632 No. Holes: 54 Hole size: 0.4

Provide a brief summary of the formation treatment:

Open Hole: ☐

CD PERF 7614-7632 HOLES 54 SIZE 0.40
Frac CODL down 4.5" casing w/ 204,582 gal slickwater w/ 150,060# 40/70, 4,000# 20/40.
Broke @ 2,910 psi @ 4.4 bpm. ATP=4,130 psi; MTP=4,943 psi; ATR=57.7 bpm; ISDP=2,743 psi

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: 02/14/2012

Date of First Production this formation: 02/29/2012

Perforations Top: 7386 Bottom: 7632 No. Holes: 126 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐NB PERF 7386-7474 HOLES 72 SIZE 0.42
CD PERF 7614-7632 HOLES 54 SIZE 0.40This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 03/01/2012 Hours: 24 Bbls oil: 50 Mcf Gas: 100 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 50 Mcf Gas: 100 Bbls H2O: 0 GOR: 2000

Test Method: FLOWING Casing PSI: 1650 Tubing PSI: Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1268 API Gravity Oil: 47

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

Status: COMMINGLED

Treatment Date: 02/14/2012

Date of First Production this formation: 02/29/2012

Perforations Top: 7386 Bottom: 7474 No. Holes: 72 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐NB PERF 7386-7474 HOLES 72 SIZE 0.42
Frac NBRR down 4.5" casing w/ 252 gal 15% HCl & 241,122 gal slickwater w/ 200,260# 40/70, 4,000# 20/40.
Broke @ 3,211 psi @ 4.9 bpm. ATP=4,639 psi; MTP=5,424 psi; ATR=62.3 bpm; ISDP=2,894 psiThis 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:

Cindy.Vue@anadarko.com

Email
:

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)