

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400261833

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 05-123-33931-00 6. County: WELD  
7. Well Name: RIVERBEND Well Number: 38-12  
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: 02/17/2012 Date of First Production this formation: 02/29/2012  
Perforations Top: 7578 Bottom: 7596 No. Holes: 54 Hole size: 0.4

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

CD PERF 7578-7596 HOLES 54 SIZE 0.40  
Frac CODL down 4.5" casing w/ 199,836 gal slickwater. No proppant used on this job.  
Broke @ 3,614 psi @ 5.2 bpm. ATP=4,188 psi; MTP=4,566 psi; ATR=60.1 bpm; ISDP=2,892 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: 02/17/2012

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

Perforations Top: 7370 Bottom: 7596 No. Holes: 122 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐NB PERF 7370-7446 HOLES 68 SIZE 0.42  
CD PERF 7578-7596 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: 1700 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: 02/17/2012

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

Perforations Top: 7370 Bottom: 7446 No. Holes: 68 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐NB PERF 7370-7446 HOLES 68 SIZE 0.42  
Frac NBRR down 4.5" casing w/ 250 gal 15% HCl & 245,786 gal slickwater. No proppant used on this job.  
Broke @ 2,847 psi @ 5.3 bpm. ATP=4,438 psi; MTP=5,101 psi; ATR=63.4 bpm; ISDP=3,015 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**

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

Total: 0 comment(s)