

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-
4. Contact Name: JOEL MALEFYT
Phone: (720) 929-6828
Fax: (720) 929-7828

5. API Number 05-123-34106-00
6. County: WELD
7. Well Name: RIVERBEND
Well Number: 31-13
8. Location: QtrQtr: NWNW Section: 13 Township: 1N Range: 67W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 03/21/2012 Date of First Production this formation: 05/01/2012

Perforations Top: 7558 Bottom: 7578 No. Holes: 72 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole: [ ]

PERF CODL 7558-7578 HOLES 72 SIZE .38
Frac CODL down 4.5" casing w/ 203,322 gal slickwater w/ 150,440# 40/70, 4,000# SB Excel.
Broke @ 3,467 psi @ 3 bpm. ATP=4,326 psi; MTP=4,906 psi; ATR=61.0 bpm; ISDP=2,787 psi

This formation is commingled with another formation: [X] 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: 03/21/2012 Date of First Production this formation: 05/01/2012  
Perforations Top: 7330 Bottom: 7578 No. Holes: 144 Hole size: 0.47

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

PERF NBRR 7330-7422 HOLES 72 SIZE .47  
PERF CODL 7558-7578 HOLES 72 SIZE .8

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 05/03/2012 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: 877 Tubing PSI: Choke Size: 10/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1236 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: 03/21/2012 Date of First Production this formation: 05/01/2012  
Perforations Top: 7330 Bottom: 7422 No. Holes: 72 Hole size: 0.47

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

PERF NBRR 7330-7422 HOLES 72 SIZE .47  
Frac NBRR down 4.5" casing w/ 250 gal 15% HCl & 244,946 gal slickwater w/ 200,900# 40/70, 4,000# SB Excel. Broke @ 3,059 psi @ 10 bpm. ATP=4,693 psi; MTP=5,326 psi; ATR=61.0 bpm; ISDP=2,854 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:

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: JOEL MALEFYT

Title: REGULATORY ANALYST

Date:

Email: JOEL.MALEFYT@ANADARKO.COM

### **Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>

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)