

FORM  
5A

Rev  
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 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: JOEL MALEFYT  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6828  
3. Address: P O BOX 173779 Fax: (720) 929-7828  
City: DENVER State: CO Zip: 80217-

5. API Number 05-123-34115-00 6. County: WELD  
7. Well Name: RIVERBEND Well Number: 36-12  
8. Location: QtrQtr: NWNW Section: 13 Township: 1N Range: 67W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>03/27/2012</u>	Date of First Production this formation: <u>05/01/2012</u>
Perforations Top: <u>8006</u> Bottom: <u>8022</u>	No. Holes: <u>64</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
PERF CODL 8006-8022 HOLES 64 SIZE .38 Frac CODL down 4.5" casing w/ 203,028 gal slickwater w/ 150,700# 40/70, 4,000# SB Excel. Broke @ 3,164 psi @ 3 bpm. ATP=4,657 psi; MTP=5,343 psi; ATR=59.0 bpm; ISDP=2,932 psi	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 03/27/2012

Date of First Production this formation: 05/01/2012

Perforations Top: 7773 Bottom: 8022 No. Holes: 130 Hole size: 0.47

Provide a brief summary of the formation treatment:

Open Hole: ☐PERF NBRR 7773-7862 HOLES 66 SIZE .47  
PERF CODL 8006-8022 HOLES 64 SIZE .38This 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: 915 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: 03/27/2012

Date of First Production this formation: 05/01/2012

Perforations Top: 7773 Bottom: 7862 No. Holes: 66 Hole size: 0.47

Provide a brief summary of the formation treatment:

Open Hole: ☐PERF NBRR 7773-7862 HOLES 66 SIZE .47  
Frac NBRR down 4.5" casing w/ 250 gal 15% HCl & 246,206 gal slickwater w/ 201,740# 40/70, 4,000# SB Excel.  
Broke @ 3,295 psi @ 3 bpm. ATP=4,808 psi; MTP=5,383 psi; ATR=56.0 bpm; ISDP=2,865 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: JOEL MALEFYT

Title: REGULATORY ANALYST

Date:

JOEL.MALEFYT@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)