

FORM
5A

Rev
06/12

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:

400261787

Date Received:

03/15/2012

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: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

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: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type:
Treatment Date: 02/14/2012 End Date: 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

Total fluid used in treatment (bbl):

Max pressure during treatment (psi):

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Number of staged intervals:

Total acid used in treatment (bbl):

Max frac gradient (psi/ft):

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback:

Total proppant used (lbs):

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl 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 Type: _____
Treatment Date: 02/14/2012 End Date: _____ 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 0.40

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Number of staged intervals: _____
Total acid used in treatment (bbl): _____ Max frac gradient (psi/ft): _____
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/01/2012 Hours: 24 Bbl oil: 50 Mcf Gas: 100 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 50 Mcf Gas: 100 Bbl 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 Type: _____
Treatment Date: 02/14/2012 End Date: _____ 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 psi

This formation is commingled with another formation: ☒ Yes ☐ No
Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Number of staged intervals: _____
Total acid used in treatment (bbl): _____ Max frac gradient (psi/ft): _____
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl 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: 3/15/2012 Email: Cindy.Vue@anadarko.com
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Attachment Check List

Att Doc Num	Name
400261787	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)