

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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, reoperation 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 05-123-33941-00
6. County: WELD
7. Well Name: RIVERBEND Well Number: 31-18
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: 02/10/2012 End Date: Date of First Production this formation: 02/29/2012

Perforations Top: 7600 Bottom: 7618 No. Holes: 54 Hole size: 0.4

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

CD PERF 7600-7618 HOLES 54 SIZE 0.40
Frac CODL down 4.5" casing w/ 204,750 gal slickwater. No proppant used on this job.
Broke @ 4,206 psi @ 5.5 bpm. ATP=4,228 psi; MTP=4,685 psi; ATR=61.4 bpm; ISDP=2,761 psi

This formation is commingled with another formation: [] Yes [X] 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: 02/10/2012 End Date: _____ Date of First Production this formation: 02/29/2012

Perforations Top: 7364 Bottom: 7618 No. Holes: 120 Hole size: 0.42

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

NB PERF 7364-7444 HOLES 66 SIZE 0.42
CD PERF 7600-7618 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: _____ Tubing PSI: 817 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: 02/10/2012 End Date: _____ Date of First Production this formation: 02/29/2012
 Perforations Top: 7364 Bottom: 7444 No. Holes: 66 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole:
 NB PERF 7364-7444 HOLES 66 SIZE 0.42
 Frac NBRR down 4.5" casing w/ 252 gal 15% HCl & 243,264 gal slickwater. No proppant used on this job.
 Broke @ 2,828 psi @ 5.2 bpm. ATP=4,578 psi; MTP=5,178 psi; ATR=58.9 bpm; ISDP=2,776 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

Attachment Check List

Att Doc Num	Name
400261743	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Casing PSI 817 per operator.	6/15/2012 10:15:51 AM
Permit	ON HOLD: Requesting Casing PSI.	6/12/2012 4:28:20 PM

Total: 2 comment(s)