

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 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 City: DENVER State: CO Zip: 80217- Fax: (720) 929-7828

5. API Number 05-123-34108-00 6. County: WELD
7. Well Name: RIVERBEND Well Number: 14-12
8. Location: QtrQtr: NWNW Section: 13 Township: 1N Range: 67W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type:
Treatment Date: 02/22/2012 End Date: Date of First Production this formation: 05/01/2012
Perforations Top: 7912 Bottom: 7928 No. Holes: 64 Hole size: 0.38

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

PERF CODL 7912-7928 HOLES 64 SIZE .38
Frac CODL down 4.5" casing w/ 124,788 gal slickwater w/ 150,360# 40/70, 4,000# SB Excel.
Broke @ 3,062 psi @ 4.7 bpm. ATP=4,809 psi; MTP=5,115 psi; ATR=61.0 bpm; ISDP=3,102 psi

This formation is commingled with another formation: [X] 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: Max frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
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: ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: 02/22/2012 End Date: _____ Date of First Production this formation: 05/01/2012

Perforations Top: 7684 Bottom: 7928 No. Holes: 136 Hole size: 0.42

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

PERF NBRR 7684-7780 HOLES 72 SIZE .42
PERF CODL 7912-7928 HOLES 64 SIZE .38

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: _____ Max frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

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: 05/03/2012 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: 1083 Tubing PSI: 0 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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: _____

Treatment Date: 02/22/2012 End Date: _____ Date of First Production this formation: 05/01/2012

Perforations Top: 7684 Bottom: 7780 No. Holes: 72 Hole size: 0.42

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

PERF NBRR 7684-7780 HOLES 72 SIZE .42
Frac NBRR down 4.5" casing w/ 250 gal 15% HCl & 249,228 gal slickwater w/ 200,800# 40/70, 4,000# SB Excel.
Broke @ 2,791 psi @ 0.1 bpm. ATP=4,993 psi; MTP=5,386 psi; ATR=60.6 bpm; ISDP=3,006 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: _____ Max frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

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: _____ ** Wireline and Cement Job Summary must be attached.

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: 5/29/2012 Email: JOEL.MALEFYT@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400289733	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)