

FORM  
5A

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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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, 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: Cindy Vue  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832  
3. Address: P O BOX 173779 Fax: (720) 929-7832  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-32035-00 6. County: WELD  
7. Well Name: RIVERBEND Well Number: 7-13  
8. Location: QtrQtr: SWNE Section: 13 Township: 1N Range: 67W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>J-NIOBRARA-CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>01/31/2011</u>	Date of First Production this formation: <u>02/22/2011</u>
Perforations Top: <u>7286</u> Bottom: <u>7996</u>	No. Holes: <u>190</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>NB PERF 7286-7378 HOLES 66 SIZE 0.42</u> <u>CD PERF 7518-7534 HOLES 64 SIZE 0.38</u> <u>J S PERF 7968-7996 HOLES 60 SIZE 0.42</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>03/02/2011</u> Hours: <u>24</u> Bbls oil: <u>74</u> Mcf Gas: <u>278</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>74</u> Mcf Gas: <u>278</u> Bbls H2O: <u>0</u> GOR: <u>3757</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>800</u> Tubing PSI: _____ Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1244</u> API Gravity Oil: <u>48</u>	
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: J SAND Status: PRODUCING

Treatment Date: 01/31/2011 Date of First Production this formation: 02/22/2011

Perforations Top: 7968 Bottom: 7996 No. Holes: 60 Hole size: 0.42

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

Frac J-Sand down 4-1/2" Csg w/ 139,259 gal Slickwater w/ 115,360# 40/70, 4,000# SuperLC.

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: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/04/2011 Date of First Production this formation: 02/22/2011

Perforations Top: 7286 Bottom: 7534 No. Holes: 130 Hole size: 0.42

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

NB Perf 7286-7378 Holes 66 Size 0.42 CD Perf 7518-7534 Holes 64 Size 0.38  
Frac Niobrara B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 241,114 gal Slickwater w/ 200,480# 40/70, 4,000# SuperLC.  
Frac Codell down 4-1/2" Csg w/ 200,042 gal Slickwater w/ 150,180# 40/70, 4,000# SuperLC.

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: Cindy Vue

Title: Regulatory Analyst II

Date: \_\_\_\_\_

Email Cindy.Vue@anadarko.com  
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### **Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

### **General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)