

FORM
5
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:

400131160

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary 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 05-123-32031-00 6. County: WELD
7. Well Name: RIVERBEND Well Number: 25-13
8. Location: QtrQtr: SWNE Section: 13 Township: 1N Range: 67W Meridian: 6
Footage at surface: Distance: 2045 feet Direction: FNL Distance: 1771 feet Direction: FEL
As Drilled Latitude: 40.052727 As Drilled Longitude: -104.836110

GPS Data:

Data of Measurement: 01/25/2011 PDOP Reading: 2.5 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 2598 feet. Direction: FNL Dist.: 2575 feet. Direction: FEL

Sec: 13 Twp: 1N Rng: 67W

** If directional footage at Bottom Hole Dist.: 2593 feet. Direction: FNL Dist.: 2580 feet. Direction: FEL

Sec: 13 Twp: 1N Rng: 67W

9. Field Name: SPINDLE 10. Field Number: 77900

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 12/11/2010 13. Date TD: 12/13/2010 14. Date Casing Set or D&A: 12/14/2010

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8195 TVD** 8067 17 Plug Back Total Depth MD 8154 TVD** 8026

18. Elevations GR 4917 KB 4934

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBL

No open hole logs, was not able to get open hole logging tools past 1115'.

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24#	0	930	590	0	930	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,183	250	6,690	8,183	CBL

ADDITIONAL CEMENT

Cement work date: 12/14/2010

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,220	600	2,259	5,356

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SUSSEX	4,588		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,380		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,610		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,020		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The surface location for the Riverbend 25-13 was moved due to the plug and abandon of the Riverbend 8-13 well. The remaining 4 wells on the pad were all moved approximately 14 feet to allow the redrill of the Riverbend 8-13R.

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: 3/8/2011

Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400131214	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400131213	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400131160	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)