

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

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Date Received:

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: JOEL MALEFYT
Phone: (720) 929-6828
Fax: (720) 929-7828

5. API Number 05-123-34116-00
6. County: WELD
7. Well Name: RIVERBEND
Well Number: 2-14
8. Location: QtrQtr: NWNW Section: 13 Township: 1N Range: 67W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 03/26/2012 Date of First Production this formation: 05/01/2012

Perforations Top: 7986 Bottom: 8002 No. Holes: 48 Hole size: 0.38

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

PERF CODL 7986-8002 HOLES 48 SIZE .38
Frac CODL down 4.5" casing w/ 204,204 gal slickwater w/ 150,920# 40/70, 4,000# SB Excel.
Broke @ 3,118 psi @ 3.3 bpm. ATP=4,409 psi; MTP=5,090 psi; ATR=60.6 bpm; ISDP=2,851 psi

This formation is commingled with another formation: [X] 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: 03/26/2012 Date of First Production this formation: 05/01/2012

Perforations Top: 7630 Bottom: 7768 No. Holes: 120 Hole size: 0.42

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

PERF NBRR 7630-7768 HOLES 72 SIZE .42
PERF CODL 7986-8002 HOLES 48 SIZE .38

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/03/2012 Hours: 24 Bbls oil: 50 Mcf Gas: 100 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 50 Mcf Gas: 100 Bbls H2O: 0 GOR: 2000

Test Method: FLOWING Casing PSI: 1133 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 03/26/2012 Date of First Production this formation: 05/01/2012

Perforations Top: 7630 Bottom: 7768 No. Holes: 72 Hole size: 0.42

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

PERF NBRR 7630-7768 HOLES 72 SIZE .42
Frac NBRR down 4.5" casing w/ 252 gal 15% HCl & 255,444 gal slickwater w/ 200,380# 40/70, 4,000# SB Excel.
Broke @ 3,267 psi @ 4.2 bpm. ATP=4,502 psi; MTP=5,561 psi; ATR=61.0 bpm; ISDP=2,858 psi

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: JOEL MALEFYT

Title: REGULATORY ANALYST

Date:

Email: JOEL.MALEFYT@ANADARKO.COM

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)