

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  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP  
3. Address: P O BOX 173779  
City: DENVER State: CO Zip: 80217-37  
4. Contact Name: Kenny Trueax  
Phone: (720) 929-6383  
Fax: (720) 929-7383

5. API Number 05-123-31286-00  
6. County: WELD  
7. Well Name: BERNHARDT  
Well Number: 24-1  
8. Location: QtrQtr: NENW Section: 1 Township: 4N Range: 67W Meridian: 6

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 09/17/2010 Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 8202 Bottom: 8242 No. Holes: 60 Hole size: 0.4

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

Perf J Sand 8202-8242 Holes: 60 Size: .40  
Frac J Sand w/148,932 gal SW w/ 115,880# sand 40/70, 4,000# SB Excel sand

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date: 09/11/2010 Hours: 24 Bbls oil: 40 Mcf Gas: 335 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 40 Mcf Gas: 335 Bbls H2O: 0 GOR: 8375  
Test Method: Flowing Casing PSI: 2200 Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1273 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: 08/20/2010 Date of First Production this formation: 09/17/2010

Perforations Top: 7408 Bottom: 7746 No. Holes: 122 Hole size: 0.42

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

Perf NB 7408-7622 Holes: 62 Size: .42 Perf CD 7726-7746 Holes: 60 Size: .42  
Frac NB w/ 252 gal 15% HCl & 239,442 gal SW 200,040# 40/70 sand, 4,000# SB Excel sand  
Frac CD w/ 205,044 gal SW w/ 150,040# 40/70 sand, 4,000# SB Excel sand

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date: 09/21/2010 Hours: 24 Bbls oil: 40 Mcf Gas: 335 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 40 Mcf Gas: 335 Bbls H2O: 0 GOR: 8375

Test Method: Flowing Casing PSI: 2200 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1273 API Gravity Oil: 40

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: Kenny Trueax

Title: Regulatory Analyst II Date: \_\_\_\_\_ Email Kenny.Trueax@anadarko.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_