

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



DE ET OE ES

Document Number:

400101530

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 05-123-31268-00 6. County: WELD
7. Well Name: BERNHARDT Well Number: 37-36
8. Location: QtrQtr: NENW Section: 1 Township: 4N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 08/03/2010 Date of First Production this formation: 09/20/2010

Perforations Top: 8088 Bottom: 8122 No. Holes: 66 Hole size: 0.38

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

Frac JSND w/ 145,661 gal SW & 115,900# 40/70 sand & 4,000# SB Excel.

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/08/2010 Hours: 24 Bbls oil: 17 Mcf Gas: 187 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 17 Mcf Gas: 187 Bbls H2O: 0 GOR: 11000

Test Method: FLOWING Casing PSI: 1950 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1273 API Gravity Oil: 56

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8055 Tbg setting date: 10/13/2010 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: 08/13/2010 Date of First Production this formation: 09/20/2010

Perforations Top: 7318 Bottom: 7636 No. Holes: 128 Hole size: 0.38

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

NBRR Perf 7318-7502 Holes 62 Size 0.42 CODL Perf 7614-7636 Holes 66 Size 0.38
Frac NBRR w/ 250 gal 15% HCl & 250,190 gal SW & 200,260# 40/70 sand & 4,000# SB Excel.
Frac CODL w/ 203,196 gal SW & 150,080# 40/70 sand & 4,000# SB Excel.

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/08/2010 Hours: 24 Bbls oil: 17 Mcf Gas: 187 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 17 Mcf Gas: 187 Bbls H2O: 0 GOR: 11000

Test Method: FLOWING Casing PSI: 1950 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1273 API Gravity Oil: 56

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8055 Tbg setting date: 10/13/2010 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

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: _____