

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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**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: Cindy Vue  
Phone: (720) 929-6832  
Fax: (720) 929-7832

5. API Number 05-123-31280-00  
6. County: WELD  
7. Well Name: BERNHARDT  
Well Number: 29-1  
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: 08/17/2010 Date of First Production this formation: 09/20/2010  
Perforations Top: 7962 Bottom: 7976 No. Holes: 60 Hole size: 0.42  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐  
Frac JSND w/ 213,318 gal SW & 150,020# 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: 25 Mcf Gas: 369 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 25 Mcf Gas: 369 Bbls H2O: 0 GOR: 14760  
Test Method: FLOWING Casing PSI: 2700 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1273 API Gravity Oil: 56  
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: <u>NIOBRARA-CODELL</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>08/23/2010</u>		Date of First Production this formation: <u>09/20/2010</u>			
Perforations	Top: <u>7178</u>	Bottom: <u>7512</u>	No. Holes: <u>122</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
NBRR Perf 7178-7390 Holes 62 Size 0.47      CODL Perf 7492-7512 Holes 60 Size 0.42 Frac NBRR w/ 250 gal 15% HCl & 250,320 gal SW & 201,400# 40/70 sand & 4,000# SB Excel. Frac CODL w/ 213,318 gal SW & 150,020# 40/70 sand & 4,000# SB Excel.					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Test Information:</b>					
Date: <u>10/08/2010</u>	Hours: <u>24</u>	Bbls oil: <u>25</u>	Mcf Gas: <u>369</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>25</u>	Mcf Gas: <u>369</u>	Bbls H2O: <u>0</u>	GOR: <u>14760</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>2700</u>	Tubing PSI: _____	Choke Size: <u>12/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1273</u>	API Gravity Oil: <u>56</u>		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
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: _____			

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: \_\_\_\_\_