

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 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 05-123-31140-00 6. County: WELD
7. Well Name: BERNHARDT STATE Well Number: 24-36
8. Location: QtrQtr: NESW Section: 36 Township: 5N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 08/26/2010 Date of First Production this formation: 09/30/2010
Perforations Top: 8150 Bottom: 8184 No. Holes: 66 Hole size: 0.38

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

Frac JSND w/ 149,726 gal SW & 115,740# 40/70 sand & 4,000# SB Excel.

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

Test Information:

Date: 11/12/2010 Hours: 24 Bbls oil: 19 Mcf Gas: 63 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 19 Mcf Gas: 63 Bbls H2O: 0 GOR: 3316
Test Method: FLOWING Casing PSI: 1840 Tubing PSI: 1308 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1289 API Gravity Oil: 56
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8113 Tbg setting date: 10/07/2010 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: 09/02/2010 Date of First Production this formation: 09/30/2010

Perforations Top: 7364 Bottom: 7698 No. Holes: 144 Hole size: 0.38

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

NBRR Perf 7364-7576 Holes 78 Size 0.42 CODL Perf 7676-7698 Holes 66 Size 0.38
Frac NBRR w/ 250 gal 15% HCl & 251,238 gal SW & 200,400# 40/70 sand & 4,000# SB Excel.
Frac CODL w/ 204,868 gal SW & 150,320# 40/70 sand & 4,000# SB Excel.

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

Test Information:

Date: 11/12/2010 Hours: 24 Bbls oil: 20 Mcf Gas: 63 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 20 Mcf Gas: 63 Bbls H2O: 0 GOR: 3150

Test Method: FLOWING Casing PSI: 1840 Tubing PSI: 1308 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1289 API Gravity Oil: 56

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8113 Tbg setting date: 10/07/2010 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

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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: _____