

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

Document Number:
400099777

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 05-123-31285-00
6. County: WELD
7. Well Name: BERNHARDT Well Number: 18-1
8. Location: QtrQtr: NENW Section: 1 Township: 4N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 07/19/2010 Date of First Production this formation: 09/20/2010

Perforations Top: 7868 Bottom: 7902 No. Holes: 72 Hole size: 0.38

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

Frac JSND w/ 153,309 gal SW & 115,020# 40/70 sand & 4,000# 20/40 SB Excel.

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/25/2010 Hours: 24 Bbls oil: 21 Mcf Gas: 178 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 21 Mcf Gas: 178 Bbls H2O: 0 GOR: 8476

Test Method: FLOWING Casing PSI: 2475 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: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 07/26/2010 Date of First Production this formation: 09/20/2010

Perforations Top: 7116 Bottom: 7434 No. Holes: 122 Hole size: 0.38

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

NBRR Perf 7116-7294 Holes 62 Size 0.42 CODL Perf 7414-7434 Holes 60 Size 0.38
Frac NBRR w/ 250 gal 15% HCl & 243,014 gal SW & 200,040# 40/70 sand & 4,000# SB Excel.
Frac CODL w/ 201,311 gal SW & 150,000# 40/70 sand & 4,000# SB Excel.

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/25/2010 Hours: 24 Bbls oil: 21 Mcf Gas: 179 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 21 Mcf Gas: 179 Bbls H2O: 0 GOR: 8524

Test Method: FLOWING Casing PSI: 2475 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: _____

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: 10/12/2010 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: *David S. Neslin* Director of COGCC Date: 12/3/2010

Attachment Check List

Att Doc Num	Name
400099777	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)