

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:

400103235

**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 05-123-31137-00 6. County: WELD  
7. Well Name: BERNHARDT STATE Well Number: 22-36  
8. Location: QtrQtr: NESW Section: 36 Township: 5N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>08/26/2010</u>		Date of First Production this formation: <u>09/30/2010</u>	
Perforations	Top: <u>7918</u>	Bottom: <u>7952</u>	No. Holes: <u>66</u> Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Frac JSND w/ 172,040 gal SW &amp; 160,240# 40/70 sand &amp; 4,000# SB Excel.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u>10/17/2010</u>	Hours: <u>24</u>	Bbls oil: <u>15</u>	Mcf Gas: <u>227</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>15</u>	Mcf Gas: <u>227</u> Bbls H2O: <u>0</u> GOR: <u>15133</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>2850</u>	Tubing PSI: <u></u>	Choke Size: <u>16/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1289</u>	API Gravity Oil: <u>56</u>
Tubing Size: <u></u>	Tubing Setting Depth: <u></u>	Tbg setting date: <u></u>	Packer Depth: <u></u>
Reason for Non-Production: <u></u>			
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>			
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>			

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/30/2010 Date of First Production this formation: 09/30/2010

Perforations Top: 7124 Bottom: 7466 No. Holes: 128 Hole size: 0.38

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

NBRR Perf 7124-7326 Holes 62 Size 0.42 CODL Perf 7444-7466 Holes 66 Size 0.38  
Frac NBRR w/ 250 gal 15% HCl & 261,631 gal SW & 201,220# 40/70 sand & 4,000# SB Excel.  
Frac CODL w/ 205,338 gal SW & 150,100# 40/70 sand & 4,000# SB Excel.

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

**Test Information:**

Date: 10/17/2010 Hours: 24 Bbls oil: 16 Mcf Gas: 228 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 16 Mcf Gas: 228 Bbls H2O: 0 GOR: 14250

Test Method: FLOWING Casing PSI: 2850 Tubing PSI: \_\_\_\_\_ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1289 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: 10/25/2010 Email Cindy.Vue@anadako.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 G. Neslin Director of COGCC Date: 12/7/2010

**Attachment Check List**

Att Doc Num	Name
400103235	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)