

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:

400103235

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: J SAND Status: PRODUCING
 Treatment Date: 08/26/2010 Date of First Production this formation: 09/30/2010
 Perforations Top: 7918 Bottom: 7952 No. Holes: 66 Hole size: 0.38
 Provide a brief summary of the formation treatment: Open Hole:
Frac JSND w/ 172,040 gal SW & 160,240# 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: 15 Mcf Gas: 227 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 15 Mcf Gas: 227 Bbls H2O: 0 GOR: 15133
 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: _____

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 S. 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

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

Total: 0 comment(s)