

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:

400103348

**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: 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>8150</u>	Bottom: <u>8184</u>	No. Holes: <u>66</u>	Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<u>Frac JSND w/ 149,726 gal SW &amp; 115,740# 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>11/12/2010</u>	Hours: <u>24</u>	Bbls oil: <u>19</u>	Mcf Gas: <u>63</u>	Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>19</u>	Mcf Gas: <u>63</u>	Bbls H2O: <u>0</u> GOR: <u>3316</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1840</u>	Tubing PSI: <u>1308</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>2 + 3/8</u>	Tubing Setting Depth: <u>8113</u>	Tbg setting date: <u>10/07/2010</u>	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: _____		

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: 38/100

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: 11/16/2010 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 G. Neslin Director of COGCC Date: 1/6/2011

**Attachment Check List**

Att Doc Num	Name
400103348	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)