

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

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: _____ Field Code: _____

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: _____

