

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



DE ET OE ES

Document Number:

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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 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 05-123-31267-00 6. County: WELD  
7. Well Name: BERNHARDT Well Number: 31-1  
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: 08/03/2010 Date of First Production this formation: 09/22/2010

Perforations Top: 8064 Bottom: 8094 No. Holes: 60 Hole size: 0.42

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

Frac JSND w/ 149,608 gal SW & 116,360# 40/70 sand & 4,000# SB Excel.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 10/05/2010 Hours: 24 Bbls oil: 10 Mcf Gas: 161 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 161 Bbls H2O: 0 GOR: 16100

Test Method: FLOWING Casing PSI: 2600 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: 08/11/2010 Date of First Production this formation: 09/22/2010

Perforations Top: 7314 Bottom: 7632 No. Holes: 126 Hole size: 0.42

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

NBRR Perf 7314-7528 Holes 62 Size 0.42 CODL Perf 7616-7632 Holes 64 Size 0.42  
Frac NBRR w/ 250 gal 15% HCl & 251,813 gal SW & 201,140# 40/70 sand & 4,000# SB Excel.  
Frac CODL w/ 203,404 gal SW & 150,860# 40/70 sand & 4,000# SB Excel.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 10/05/2010 Hours: 24 Bbls oil: 10 Mcf Gas: 161 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 10 Mcf Gas: 161 Bbls H2O: 0 GOR: 16100

Test Method: FLOWING Casing PSI: 2600 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: \_\_\_\_\_ 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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_