

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:

400109023

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 05-123-31130-00 6. County: WELD
7. Well Name: BERNHARDT STATE Well Number: 29-36
8. Location: QtrQtr: NENW Section: 36 Township: 5N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 09/14/2010 Date of First Production this formation: 11/05/2010

Perforations Top: 7954 Bottom: 7978 No. Holes: 72 Hole size: 0.38

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

Frac J Sand w/ 139,545 gal SW w/ 115,180# 40/70 & 4,000# SB Excel.

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/14/2010 Hours: 24 Bbls oil: 16 Mcf Gas: 291 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 16 Mcf Gas: 291 Bbls H2O: 0 GOR: 18188

Test Method: Flowing Casing PSI: 2900 Tubing PSI: Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1267 API Gravity Oil: 57

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: 09/29/2010 Date of First Production this formation: 11/05/2010

Perforations Top: 7176 Bottom: 7506 No. Holes: 122 Hole size: 0.42

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

Perf NB 7176-7384 Holes 62 Size 0.42 Perf CD 7486-7506 Holes 60 Size 0.42
Frac NB 9/29/10 w/ 250 gal 15% HCl & 238,526 gal SW w/ 201,080# 40/70 & 4,300# SB Excel.
Frac CD 9/29/10 w/ 201,069 gal SW w/ 151,260# 40/70 & 4,100# SB Excel.
Frac CD 9/27/10 w/ 18,746 gal SW -Job not completed due to mechanical issues.

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/14/2010 Hours: 24 Bbls oil: 16 Mcf Gas: 291 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 16 Mcf Gas: 291 Bbls H2O: 0 GOR: 18188

Test Method: Flowing Casing PSI: 2900 Tubing PSI: _____ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1267 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: _____