

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

COMPLETED INTERVAL REPORT

Document Number:

400111489

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 05-123-31128-00 6. County: WELD
 7. Well Name: BERNHARDT STATE Well Number: 21-36
 8. Location: QtrQtr: NENW Section: 36 Township: 5N Range: 67W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J SAND Status: PRODUCING
 Treatment Date: 09/14/2010 Date of First Production this formation: 11/10/2010
 Perforations Top: 7964 Bottom: 7992 No. Holes: 66 Hole size: 0.38
 Provide a brief summary of the formation treatment: _____ Open Hole:
 Frac J-Sand down 4-1/2" Csg w/ 140,885 gal Slickwater w/ 115,520# 40/70, 4,120# SB Excel.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 11/23/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 7 Bbls H2O: 0
 Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 7 Bbls H2O: 0 GOR: _____
 Test Method: FLOWING Casing PSI: 2919 Tubing PSI: _____ Choke Size: 14/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1267 API Gravity Oil: 40
 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: 09/24/2010 Date of First Production this formation: 11/10/2010

Perforations Top: 7170 Bottom: 7506 No. Holes: 122 Hole size: 0.38

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

Perf NB 7170-7370 Holes 62 Size 0.38 Perf CD 7486-7506 Holes 60 Size 0.38
Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 248,329 gal Slickwater w/ 200,760# 40/70, 4,200# SB Excel.
Frac Codell down 4-1/2" Csg w/ 202,930 gal Slickwater w/ 150,540# 40/70, 4,200# SB Excel.

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/20/2010 Hours: 24 Bbls oil: 18 Mcf Gas: 96 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 18 Mcf Gas: 96 Bbls H2O: 0 GOR: 5333

Test Method: FLOWING Casing PSI: 2919 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1266 API Gravity Oil: 40

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: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| | |

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)