

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

Document Number:

400094961

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: Kenny Trueax
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6383
 3. Address: P O BOX 173779 Fax: (720) 929-7383
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-31286-00 6. County: WELD
 7. Well Name: BERNHARDT Well Number: 24-1
 8. Location: QtrQtr: NENW Section: 1 Township: 4N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: PRODUCING
 Treatment Date: 09/17/2010 Date of First Production this formation: 09/17/2010
 Perforations Top: 8202 Bottom: 8242 No. Holes: 60 Hole size: 0.4
 Provide a brief summary of the formation treatment: Open Hole:
 Perf J Sand 8202-8242 Holes: 60 Size: .40
 Frac J Sand w/148,932 gal SW w/ 115,880# sand 40/70, 4,000# SB Excel sand
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 09/11/2010 Hours: 24 Bbls oil: 40 Mcf Gas: 335 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 40 Mcf Gas: 335 Bbls H2O: 0 GOR: 8375
 Test Method: Flowing Casing PSI: 2200 Tubing PSI: _____ Choke Size: _____
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1273 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: 08/20/2010 Date of First Production this formation: 09/17/2010

Perforations Top: 7408 Bottom: 7746 No. Holes: 122 Hole size: 0.42

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

Perf NB 7408-7622 Holes: 62 Size: .42 Perf CD 7726-7746 Holes: 60 Size: .42
Frac NB w/ 252 gal 15% HCl & 239,442 gal SW 200,040# 40/70 sand, 4,000# SB Excel sand
Frac CD w/ 205,044 gal SW w/ 150,040# 40/70 sand, 4,000# SB Excel sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/21/2010 Hours: 24 Bbls oil: 40 Mcf Gas: 335 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 40 Mcf Gas: 335 Bbls H2O: 0 GOR: 8375

Test Method: Flowing Casing PSI: 2200 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1273 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: Kenny Trueax

Title: Regulatory Analyst II Date: 9/27/2010 Email Kenny.Trueax@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 S. Neslin Director of COGCC Date: 1/19/2011

Attachment Check List

Att Doc Num	Name
400094961	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)