

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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Document Number:

400094961

**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: 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: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>09/17/2010</u>		Date of First Production this formation: <u>09/17/2010</u>	
Perforations	Top: <u>8202</u> Bottom: <u>8242</u>	No. Holes: <u>60</u>	Hole size: <u>0.4</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>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</div>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u>09/11/2010</u>	Hours: <u>24</u>	Bbls oil: <u>40</u>	Mcf Gas: <u>335</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>40</u>	Mcf Gas: <u>335</u> Bbls H2O: <u>0</u> GOR: <u>8375</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>2200</u>	Tubing PSI: <u></u>	Choke Size: <u></u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1273</u>	API Gravity Oil: <u>57</u>
Tubing Size: <u></u>	Tubing Setting Depth: <u></u>	Tbg setting date: <u></u>	Packer Depth: <u></u>
Reason for Non-Production: <div></div>			
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>			
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>			

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**

User Group	Comment	Comment Date

Total: 0 comment(s)