

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/19/2010 Date of First Production this formation: 09/16/2009

Perforations Top: 7447 Bottom: 7685 No. Holes: 121 Hole size: 0.38

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

NBRR Perf 7447-7540 Holes 57 Size 0.42 CODL Perf 7669-7685 Holes 64 Size 0.38
No additional treatment.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/25/2010 Hours: 24 Bbls oil: 3 Mcf Gas: 17 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 3 Mcf Gas: 17 Bbls H2O: 0 GOR: 5667

Test Method: FLOWING Casing PSI: 459 Tubing PSI: 372 Choke Size: 38/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1336 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8050 Tbg setting date: 08/16/2010 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: _____