

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 08/19/2010 Date of First Production this formation: 10/09/2002

Perforations Top: 8084 Bottom: 8108 No. Holes: 96 Hole size: 0.3

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

Set sand plug @ 7860'.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

JSND temporarily abandoned for CODL refrac/NBRR recomplete.

Date formation Abandoned: 08/19/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7860 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/30/2010 Date of First Production this formation: 09/10/2010

Perforations Top: 7424 Bottom: 7660 No. Holes: 146 Hole size: 0.38

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

NBRR Perf 7424-7550 Holes 66 Size 0.42 CODL Perf 7644-7660 Holes 80 Size 0.38
Frac NBRR w/ 252 gal 15% HCl & 243,054 gal SW & 201,060# 40/70 sand & 4,000# SB Excel.

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/19/2010 Hours: 24 Bbls oil: 5 Mcf Gas: 65 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 5 Mcf Gas: 65 Bbls H2O: 0 GOR: 13000

Test Method: FLOWING Casing PSI: 1300 Tubing PSI: 750 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1316 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7620 Tbg setting date: 09/02/2010 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: _____