

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: _____ 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: _____ Director of COGCC Date: _____