

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:

400129497

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: 10159 4. Contact Name: Jason Staller
2. Name of Operator: ROSETTA RESOURCES OPERATING LP Phone: (713) 335-4031
3. Address: 717 TEXAS STE 2800 Fax: (713) 493-2237
City: HOUSTON State: TX Zip: 77002

5. API Number 05-125-11756-00 6. County: YUMA
7. Well Name: FIX & WITTE Well Number: 02-13
8. Location: QtrQtr: SWSW Section: 2 Township: 1S Range: 45W Meridian: 6
9. Field Name: DUKE Field Code: 18890

Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>04/28/2010</u>	Date of First Production this formation: <u>05/07/2010</u>
Perforations Top: <u>2374</u> Bottom: <u>2384</u>	No. Holes: <u>40</u> Hole size: <u>2/5</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>	
<u>Total Prop=98,980 lbs., Total CO2=50 tons, Total Clean Fluid=974.8 bbls</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>05/07/2010</u> Hours: <u>0</u> Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>30</u> Bbls H2O: <u>0</u> GOR: <u></u>	
Test Method: <u>Flowing</u> Casing PSI: <u>150</u> Tubing PSI: <u>0</u> Choke Size: <u>8/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>996</u> API Gravity Oil: <u></u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>2365</u> Tbg setting date: <u>06/30/2010</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
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>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Jason Staller
Title: Regulatory Analyst Date: _____ Email jason.staller@rosettaresources.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: _____

Attachment Check List

Att Doc Num	Name
400129499	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)