

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400135435

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 05-125-11871-00 6. County: YUMA
7. Well Name: PRICKETT Well Number: 07-15
8. Location: QtrQtr: SWSE Section: 7 Township: 1S Range: 45W Meridian: 6
9. Field Name: REPUBLICAN Field Code: 73275

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 09/10/2010 Date of First Production this formation: 09/16/2010
Perforations Top: 2280 Bottom: 2290 No. Holes: 40 Hole size: 2/5
Provide a brief summary of the formation treatment: Open Hole: ☐
Total Prop=113,900 lbs., Total CO2=51 tons, Total Clean Fluid=1049 bbls
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 09/16/2010 Hours: 0 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 152 Bbls H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 360 Tubing PSI: 0 Choke Size: 10/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 996 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 2345 Tbg setting date: 10/09/2010 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: 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
400135459	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)