

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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COMPLETED INTERVAL REPORT

Document Number:

400126181

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 05-125-11754-00 6. County: YUMA
7. Well Name: BOWMAN Well Number: 11-09
8. Location: QtrQtr: NESE Section: 11 Township: 2S Range: 45W Meridian: 6
9. Field Name: BLIZZARD Field Code: 6905

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 05/11/2010 Date of First Production this formation: 05/27/2010

Perforations Top: 2182 Bottom: 2192 No. Holes: 40 Hole size: 2/5

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

Total Prop=103,680 lbs; Total CO2=54 tons; Total clean fluid=934.6 bbls

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/28/2010 Hours: 0 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 75 Tubing PSI: 0 Choke Size: 8/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 996 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 2256 Tbg setting date: 05/28/2010 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: 1/21/2011 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: _____

David S. Neslin

Director of COGCC

Date: 2/23/2011

Attachment Check List

Att Doc Num	Name
400126181	FORM 5A SUBMITTED
400126184	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)