

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:

400128516

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

5. API Number 05-125-11745-00
6. County: YUMA
7. Well Name: KERBS L&C
Well Number: 08-02
8. Location: QtrQtr: NWNE Section: 8 Township: 1S Range: 45W Meridian: 6
9. Field Name: REPUBLICAN Field Code: 73275

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 04/24/2010 Date of First Production this formation: 05/26/2010

Perforations Top: 2358 Bottom: 2368 No. Holes: 40 Hole size: 2/5

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

Total Prop=101,970 lbs., Total CO2=48 tons, Total Clean Fluid=834.2 bbls

This formation is commingled with another formation: [ ] Yes [X] No

Test Information:

Date: 05/27/2010 Hours: 0 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 102 Bbls H2O: 0 GOR: 0

Test Method: flowing Casing PSI: 250 Tubing PSI: 0 Choke Size: 9/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 2427 Tbg setting date: 07/08/2010 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: 1/27/2011 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
400128516	FORM 5A SUBMITTED
400128523	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)