

FORMATION: J SAND Status: PRODUCING

Treatment Date: 01/03/2011 Date of First Production this formation: 03/01/2011

Perforations Top: 8456 Bottom: 8484 No. Holes: 60 Hole size: 0.4

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

Frac J-Sand down 4-1/2" Csg w/ 140,616 gal Slickwater w/ 116,140# 30/50, 4,000# SB Excel

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

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

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/10/2011 Date of First Production this formation: 03/01/2011

Perforations Top: 7776 Bottom: 8020 No. Holes: 88 Hole size: 0.38

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

NB Perf 7776-7864 Holes 40 Size 0.38 CD Perf 8004-8020 Holes 48 Size 0.38
Frac Niobrara B & C down 2-7/8" Tbg w/ Pkr w/ 250 gal 15% HCl & 162,162 gal Super Z LpH Hybrid w/ 250,040# 20/40, 4,000# SB Excel
Frac Codell down 2-7/8" Tbg w/ Pkr w/ 132,468 gal Super Z LpH w/ 230,200# 20/40, 4,000# SB Excel

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

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

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

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: Cindy Vue

Title: Regulatory Analyst II

Date: _____

Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)