

<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <div style="text-align: center; font-weight: bold;">400128414</div>				

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

5. API Number <u>05-125-11486-00</u>	6. County: <u>YUMA</u>
7. Well Name: <u>KERBS</u>	Well Number: <u>17-04</u>
8. Location: QtrQtr: <u>NWNW</u> Section: <u>17</u> Township: <u>1S</u> Range: <u>45W</u> Meridian: <u>6</u>	
9. Field Name: <u>DUKE</u> Field Code: <u>18890</u>	

Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>04/24/2010</u>	Date of First Production this formation: <u>05/29/2010</u>
Perforations Top: <u>2330</u> Bottom: <u>2340</u>	No. Holes: <u>40</u> Hole size: <u>2/5</u>
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>	
<div style="border: 1px solid black; padding: 2px;">           Total Prop=102,580 lbs., Total CO2=45 tons, Total Clean Fluid=856.3 bbls         </div>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>05/30/2010</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>169</u> Bbls H2O: <u>0</u> GOR: <u>0</u>	
Test Method: <u>flowing</u> Casing PSI: <u>360</u> Tubing PSI: _____ Choke Size: <u>11/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>996</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>2396</u> Tbg setting date: <u>07/08/2010</u> Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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

**Attachment Check List**

Att Doc Num	Name
400128414	FORM 5A SUBMITTED
400128421	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)