

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:
400132853

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
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 05-125-11789-00
6. County: YUMA
7. Well Name: BRUEGGEMAN
Well Number: 26-13
8. Location: QtrQtr: SWSW Section: 26 Township: 1S Range: 44W Meridian: 6
9. Field Name: PEREGRINE Field Code: 68385

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 05/13/2010 Date of First Production this formation: 05/27/2010

Perforations Top: 2188 Bottom: 2198 No. Holes: 40 Hole size: 2/5

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

TOTal Prop=103,240 lbs., TOTal CO2=54 tons, Total Clean Fluid=947.6 bbls

This formation is commingled with another formation: Yes 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: 66 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 240 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: 2252 Tbg setting date: 06/30/2010 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: 2/11/2011 Email jason.staller@rosettaresources.com

Attachment Check List

Att Doc Num	Name
400132853	FORM 5A SUBMITTED
400132856	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)