

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

COMPLETED INTERVAL REPORT

Document Number: 400134166

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 05-125-11784-00 6. County: YUMA
7. Well Name: DETERDING Well Number: 31-10
8. Location: QtrQtr: NWSE Section: 31 Township: 1N Range: 44W Meridian: 6
9. Field Name: VERNON Field Code: 86500

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 06/17/2010 Date of First Production this formation: 06/26/2010
Perforations Top: 2300 Bottom: 2310 No. Holes: 40 Hole size: 2/5
Provide a brief summary of the formation treatment: Open Hole: []
Total Prop=101,083 lbs., Total CO2=50.9 tons, TTotal Clean Fluid=952 bbls
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 06/26/2010 Hours: 0 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 60 Bbls H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 180 Tubing PSI: 0 Choke Size: 0
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 996 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 2370 Tbg setting date: 07/15/2010 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: 2/16/2011 Email jason.staller@rosettaresources.com

Attachment Check List

Att Doc Num	Name
400134166	FORM 5A SUBMITTED
400134173	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)