

FORMATION: J SAND Status: PRODUCING

Treatment Date: 03/29/2011 Date of First Production this formation: 04/28/2011

Perforations Top: 8424 Bottom: 8436 No. Holes: 48 Hole size: 0.42

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

Frac J-Sand down 4-1/2" Csg w/ 146,034 gal Slickwater w/ 115,840# 40/70, 4,000# SuperLC.

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: 04/25/2011 Date of First Production this formation: 04/28/2011

Perforations Top: 7642 Bottom: 7998 No. Holes: 112 Hole size: 0.42

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

NB PERF 7642-7863 HOLES 58 SIZE .42 CD PERF 7980-7998 HOLES 54 SIZE .42
Frac Niobrara A & B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 247,548 gal Slickwater w/ 201,160# 40/70, 4,000# SuperLC.
Frac Codell down 4-1/2" Csg w/ 203,490 gal Slickwater w/ 151,320# 40/70, 4,000# SuperLC.

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: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: _____ Email: CARA.MAHLER@ANADARKO.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: _____ Director of COGCC Date: _____

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)