


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		<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> Document Number: <div style="text-align: center; font-weight: bold;">400146449</div>	DE	ET	OE	ES				
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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.											
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<u>Completed Interval</u>											
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Treatment Date: <u>11/15/2010</u> Date of First Production this formation: <u>01/31/2002</u>											
Perforations Top: <u>7761</u> Bottom: <u>7825</u> No. Holes: <u>102</u> Hole size: <u>0.23</u>											
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>											
<div style="border: 1px solid black; padding: 2px;">SAND PLUG SET @ 7400'-7818'</div>											
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:											
<div style="border: 1px solid black; padding: 2px;">SAND PLUG SET @ 7400'-7818'</div>											
Date formation Abandoned: <u>11/15/2010</u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____											
Bridge Plug Depth: <u>7818</u> Sacks cement on top: _____											

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>12/20/2011</u>		Date of First Production this formation: <u>02/25/2011</u>	
Perforations	Top: <u>7112</u>	Bottom: <u>7354</u>	No. Holes: <u>107</u>
		Hole size: <u>0.38</u>	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
NB REPERF (11/16/2010) 7112-7232 HOLES 62 SIZE .38 Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 242,930 gal Slickwater w/ 200,740# 40/70, 4,000# SB Excel, 0# . CD PERF (11/16/2010) 7338-7354 HOLES 32 SIZE .38 Re-Frac Codell down 4-1/2" Csg w/ 205,338 gal Slickwater w/ 150,440# 40/70, 4,000# SB Excel, 0# . (12/20/2010) SAND PLUG SET @ 7275. (2/7/2011) SAND PLUG REMOVED.			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>03/19/2011</u>	Hours: <u>24</u>	Bbls oil: <u>17</u>	Mcf Gas: <u>60</u>
		Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>17</u>	Mcf Gas: <u>60</u>
		Bbls H2O: <u>0</u>	GOR: <u>3529</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>629</u>	Tubing PSI: <u>322</u>	Choke Size: <u>20/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1289</u>	API Gravity Oil: <u>54</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7300</u>	Tbg setting date: <u>02/07/2011</u>	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>			
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:

COULD NOT CHANGE GAS DISPOSITION AND GAS TYPE TO BLANK ON THE JSND. PLEASE DISREGARD.

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: 3/24/2011 Email CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400146449	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)