


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>	DE	ET	OE	ES				
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COMPLETED INTERVAL REPORT			Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">400162404</div>								
<p>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.</p>											
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Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
REPERF NB: 7129-7274 HOLES 60 SIZE .42 REPERF CDL: 7358-7372 HOLES 42 SIZE .38 Re-Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 252,382 gal Slickwater w/ 200,000# 40/70, 4,000# SB Excel. Re-Frac Codell down 4-1/2" Csg w/ 199,626 gal Slickwater w/ 150,060# 40/70, 4,000# SB Excel.											
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Test Information:											
Date: <u>05/01/2011</u> Hours: <u>24</u> Bbls oil: <u>17</u> Mcf Gas: <u>37</u> Bbls H2O: <u>0</u>											
Calculated 24 hour rate: Bbls oil: <u>17</u> Mcf Gas: <u>37</u> Bbls H2O: <u>0</u> GOR: <u>2176</u>											
Test Method: <u>FLOWING</u> Casing PSI: <u>1260</u> Tubing PSI: <u>981</u> Choke Size: <u>28/64</u>											
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1179</u> API Gravity Oil: <u>48</u>											
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7338</u> Tbg setting date: <u>04/14/2011</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: _____											

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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: 5/5/2011 Email CARA.MAHLER@ANADARKO.COM
:

Attachment Check List

Att Doc Num	Name
400162404	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)