


<b>FORM 5A</b>  Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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;">400176041</div>	DE	ET	OE	ES				
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<b>COMPLETED INTERVAL REPORT</b>											
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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Treatment Date: <u>05/05/2011</u> Date of First Production this formation: <u>03/26/2006</u>											
Perforations Top: <u>7710</u> Bottom: <u>7762</u> No. Holes: <u>138</u> Hole size: <u>0.38</u>											
Provide a brief summary of the formation treatment: <span style="float: right;">Open Hole: <input type="checkbox"/></span>											
<div style="border: 1px solid black; padding: 2px;">Run 3700# sand plug to bring plug from 7788' to 7400'</div>											
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
<b>Test Information:</b>											
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;">Run 3700# sand plug to bring plug from 7788' to 7400'</div>											
Date formation Abandoned: <u>05/05/2011</u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____											
Bridge Plug Depth: <u>7400</u> Sacks cement on top: _____											

FORMATION: <u>          NIOBRARA-CODELL          </u>						Status: <u>          PRODUCING          </u>	
Treatment Date: <u>        05/13/2011        </u>			Date of First Production this formation: <u>        06/07/2011        </u>				
Perforations Top: <u>        7140        </u>		Bottom: <u>        7330        </u>		No. Holes: <u>        108        </u>	Hole size: <u>        0.38        </u>		
Provide a brief summary of the formation treatment:				Open Hole: <input type="checkbox"/>			
<div style="border: 1px solid black; padding: 5px;">REPERF CDL (5/9/2011) 7314-7330 HOLES 32 SIZE .38 Re-Frac Codell down 4-1/2" Csg w/ 250,278 gal Slickwater w/ 208,920# 40/70, 4,000# SB Excel.</div>							
This formation is commingled with another formation:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>							
Date: <u>    06/15/2011    </u>	Hours: <u>      24      </u>	Bbls oil: <u>      0      </u>	Mcf Gas: <u>     253     </u>	Bbls H2O: <u>      0      </u>			
Calculated 24 hour rate:		Bbls oil: <u>      0      </u>	Mcf Gas: <u>     253     </u>	Bbls H2O: <u>      0      </u>	GOR: <u>      0      </u>		
Test Method: <u>    FLOWING    </u>		Casing PSI: <u>    1750    </u>	Tubing PSI: <u>          </u>	Choke Size: <u>    14/64    </u>			
Gas Disposition: <u>    SOLD    </u>		Gas Type: <u>     WET     </u>	BTU Gas: <u>    1255    </u>	API Gravity Oil: <u>     56     </u>			
Tubing Size: <u>          </u>		Tubing Setting Depth: <u>          </u>	Tbg setting date: <u>          </u>	Packer Depth: <u>          </u>			
Reason for Non-Production: <div style="border: 1px solid black; height: 30px;"></div>							
Date formation Abandoned: <u>          </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u>          </u>				
Bridge Plug Depth: <u>          </u>		Sacks cement on top: <u>          </u>					

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Signed: \_\_\_\_\_ Print Name: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: 6/16/2011 Email: CARA.MAHLER@ANADARKO.COM

Att Doc Num	Name
400176041	FORM 5A SUBMITTED

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

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