

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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COMPLETED INTERVAL REPORT

Document Number: 2587150

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: 10347 2. Name of Operator: CONTINENTAL RESOURCES INC 3. Address: PO BOX 1032 City: ENID State: OK Zip: 73703 4. Contact Name: CHRISTI SCRITCHFIELD Phone: (580) 548-5257 Fax: (580) 548-5257

5. API Number 05-123-32780-00 6. County: WELD 7. Well Name: Newton 8. Location: QtrQtr: LOT 1 Section: 4 Township: 9N Range: 61W Meridian: 6 9. Field Name: KEOTA Field Code: 44350

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 03/22/2011 Date of First Production this formation: 04/27/2011

Perforations Top: 7320 Bottom: 15326 No. Holes: 0 Hole size:

Provide a brief summary of the formation treatment: Open Hole: []

WELL STIMULATED IN 24 STAGES WITH 65,881 BBLs OF WATER AND 3,991,289 LBS OF SAND IN TOTAL. STATE DIVERSION ACHIEVED WITH OPEN-HOLE SWELL PACKERS AND A COMBINATION OF SLIDING SLEEVES (17 STAGES) AND PERFORATIONS (6 STAGES). STAGE 1 WAS STIMULATED VIA PRE-PERFORATED LINER.

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 05/08/2011 Hours: 24 Bbls oil: 23 Mcf Gas: 0 Bbls H2O: 342

Calculated 24 hour rate: Bbls oil: 23 Mcf Gas: 0 Bbls H2O: 342 GOR:

Test Method: flowing Casing PSI: 150 Tubing PSI: 2800 Choke Size: 75/100

Gas Disposition: Gas Type: BTU Gas: 0 API Gravity Oil: 29

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4688 Tbg setting date: 03/27/2011 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:

FORM 5 DOC # 2587152

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: CHRISTI SCRITCHFIELD

Title: REGULATORY Date: 6/22/2011 Email: CHRISTISCRITCHFIELD@CONTRES.COM

Attachment Check List

Att Doc Num	Name
2587150	FORM 5A SUBMITTED
2587151	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)