

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



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Document Number:

400192541

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.

1. OGCC Operator Number: 2800 4. Contact Name: CARA MAHLER
2. Name of Operator: ANADARKO E&P COMPANY LP Phone: (720) 929-6029
3. Address: P O BOX 1330 Fax: (720) 929-7029
City: HOUSTON State: TX Zip: 77251

5. API Number 05-123-31795-00 6. County: WELD
7. Well Name: HOBART Well Number: 8-67-1-4H
8. Location: QtrQtr: NWNW Section: 1 Township: 8N Range: 67W Meridian: 6
9. Field Name: UNKNOWN Field Code: 85250

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 05/25/2011 Date of First Production this formation: 05/29/2011

Perforations Top: _____ Bottom: _____ No. Holes: _____ Hole size: _____

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

FRAC'D THRU AN OPEN HOLE LINE BETWEEN 7945-12348. AVERAGE TREATING PRESSURE 6030, AVERAGE RATE 19.6, TOTAL BBLS OF FLUID 9040, TOTAL SAND WEIGHT 1016649. CO2 AVERAGE RATE 19, TOTAL BBLS CO2 9929.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 06/07/2011 Hours: 18 Bbls oil: 249 Mcf Gas: 750 Bbls H2O: 100

Calculated 24 hour rate: _____ Bbls oil: 332 Mcf Gas: 1000 Bbls H2O: 133 GOR: 3012

Test Method: FLOWING Casing PSI: _____ Tubing PSI: 264 Choke Size: 28/64

Gas Disposition: FLARED Gas Type: WET BTU Gas: 1300 API Gravity Oil: 35

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: 8/16/2011 Email CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400192541	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)