

FORMATION: J SAND Status: PRODUCING

Treatment Date: 05/03/2011 Date of First Production this formation: _____

Perforations Top: 8522 Bottom: 8538 No. Holes: 32 Hole size: _____

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

J SAND COMPLETION. FRAC JSAND 8522'-8538', (32 HOLES) W/65,352 GAL 18 # PHASERFRAC HYBRID CROSS LINKED GEL CONTAINING 250,180 # 20/40 SAND. 05/03/11.

This formation is commingled with another formation: Yes 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: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/04/2011 Date of First Production this formation: _____

Perforations Top: 7670 Bottom: 8102 No. Holes: 156 Hole size: _____

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

CDL-NBRR COMPLETION. SET CFP @ 8150'. 05/04/11. FRAC'D THE CODELL 8084'-8102', (36 HOLES) W/90,384 GAL 22 # PHASERFRAC HYBRID CROSS LINKED GEL CONTAINING 250,100 # 20/40 SAND. 05/04/11. SET CFP @ 7920'. 05/04/11. FRAC'D THE NIOBRARA 7670'-7684' AND 7826'-7842' (120 HOLES) W/98,406 GALS 18 # PHASERFRAC HYBRID CROSS LINKED GEL CONTAINING 250,220 # 20/40 SAND 05/04/11.

This formation is commingled with another formation: Yes 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: _____

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: SHEILLA REED-HIGH

Attachment Check List

Att Doc Num	Name
2587446	FORM 5A SUBMITTED
2587447	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)