

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 08/10/2011 Date of First Production this formation: 08/15/2011

Perforations Top: 7145 Bottom: 7864 No. Holes: 208 Hole size: 0.38

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

REMOVED CIBP SET @ 7700 TO COMMINGLE JSND WITH NB/CD.

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: J SAND Status: PRODUCING

Treatment Date: 08/10/2011 Date of First Production this formation: 07/15/2002

Perforations Top: 7815 Bottom: 7864 No. Holes: 82 Hole size: 0.38

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

REMOVED CIBP SET @ 7700

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/03/2011 Hours: 24 Bbls oil: 8 Mcf Gas: 114 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 8 Mcf Gas: 114 Bbls H2O: 0 GOR: 14250

Test Method: FLOWING Casing PSI: 453 Tubing PSI: 382 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1294 API Gravity Oil: 50

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: _____

NO CHOKE

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: _____ Email: CARA.MAHLER@ANADARKO.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)