

FORMATION: J SAND Status: PRODUCING

Treatment Date: 08/12/2011 Date of First Production this formation: 10/18/2011

Perforations Top: 8520 Bottom: 8562 No. Holes: 60 Hole size: 0.42

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

J S PERF 8520-8562 TOTAL 60 SIZE 0.42
Frac J-Sand down 4-1/2" Csg w/ 147,000 gal Slickwater w/ 115,000# 40/70, 4,000# SB Excel

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: 08/30/2011 Date of First Production this formation: 10/18/2011

Perforations Top: 7834 Bottom: 8084 No. Holes: 116 Hole size: 0.42

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

NB PERF 7834-7942 TOTAL 62 SIZE 0.42 CD PERF 8066-8084 TOTAL 54 SIZE 0.42
Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 240,912 gal Slickwater w/ 201,000# 40/70, 4,000# SB Excel
Frac Codell down 4-1/2" Csg w/ 211,426 gal Slickwater w/ 151,520# 40/70, 4,000# SB Excel

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: Cindy Vue

Title: Regulatory Analyst II Date: _____ Email Cindy.Vue@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)