

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: 09/22/2011

Perforations Top: 6774 Bottom: 7012 No. Holes: 60 Hole size: _____

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

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/11/2011 Hours: 24 Bbls oil: 52 Mcf Gas: 102 Bbls H2O: 20

Calculated 24 hour rate: _____ Bbls oil: 52 Mcf Gas: 102 Bbls H2O: 20 GOR: 1962

Test Method: Flowing Casing PSI: 697 Tubing PSI: _____ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1283 API Gravity Oil: 47

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 Status: COMMINGLED

Treatment Date: 09/08/2011 Date of First Production this formation: _____

Perforations Top: 6774 Bottom: 6867 No. Holes: 36 Hole size: 27/64

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

Perf Niobrara "B" 6774-6782 (24 holes) Niobrara "C" 6863-6867 (12 holes)
Frac'd Niobrara with 172 bbl FE-1A pad, 1547 bbl Slickwater pad, 143 bbl 20# pHaser pad, 2272 bbls pHaser 20# fluid system, 239500# 20/40 Preferred Rock and 12000# 20/40 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: Jeff Glossa

Title: Sr Engineering Tech Date: 11/7/2011 Email: jpglossa@petd.com

Attachment Check List

Att Doc Num	Name
400208484	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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