

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



DE ET OE ES

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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: 10347
2. Name of Operator: CONTINENTAL RESOURCES INC
3. Address: PO BOX 1032
City: ENID State: OK Zip: 73703
4. Contact Name: Christi Scritchfield
Phone: (580) 233-8955
Fax: (580) 548-5257

5. API Number 05-123-34205-00
6. County: WELD
7. Well Name: Perrin Well Number: 1-10H
8. Location: QtrQtr: NE NE Section: 10 Township: 7N Range: 62W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 11/28/2011 Date of First Production this formation: 12/12/2011

Perforations Top: 7050 Bottom: 10636 No. Holes: Hole size:

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

Pumped 18 stage frac job via sliding sleeves. Average rate was 50.1 bpm. Max rate was 51.9 bpm. Average pressure was 3944 psi. Max pressure was 6746 psi.

Totals: Water - 47,929 bbls; 40/70 Sand - 257,512 lbs.; 20/40 Sand - 2,582,694 lbs; 20/40 Resin - 761,196 lbs.

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/21/2011 Hours: 24 Bbls oil: 57 Mcf Gas: 258 Bbls H2O: 401

Calculated 24 hour rate: Bbls oil: 57 Mcf Gas: 258 Bbls H2O: 401 GOR: 3851

Test Method: Production Casing PSI: 400 Tubing PSI: 3600 Choke Size: 34

Gas Disposition: FLARED Gas Type: WET BTU Gas: 0 API Gravity Oil: 35

Tubing Size: 2 + 7/8 Tubing Setting Depth: 5967 Tbg setting date: 12/11/2011 Packer Depth: 5967

Reason for Non-Production:

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

Bridge Plug Depth: Sacks cement on top:

Comment:
The BTU is 0 because the gas analysis won't be ran until the gas pipeline is connected. A sundry will be submitted with this information as soon as it is done.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: Christi Scritchfield

Title: Regulatory Compliance Date: Email christiscritchfield@contres.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

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)