

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: _____
Treatment Date: 01/23/2012 End Date: _____ Date of First Production this formation: 02/20/2012
Perforations Top: 6985 Bottom: 15616 No. Holes: 1224 Hole size: 032/100
Provide a brief summary of the formation treatment: _____ Open Hole:

Pumped 35 stage frac job via plug and perf. Average rate was 49 bpm. Max rate was 57 bpm. Average pressure was 4172 psi. Max pressure was 6766 psi.

Totals: Water - 119,044 bbls; 40/70 sand - 685,852 lbs.; 20/40 sand - 5,306,522 lbs.; 20/40 resin - 1,094,594 lbs.

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Max frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: _____
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/11/2012 Hours: 24 Bbl oil: 238 Mcf Gas: 25 Bbl H2O: 731
Calculated 24 hour rate: Bbl oil: 238 Mcf Gas: 25 Bbl H2O: 731 GOR: 105
Test Method: production Casing PSI: 150 Tubing PSI: 320 Choke Size: 22
Gas Disposition: FLARED Gas Type: WET Btu Gas: 0 API Gravity Oil: 35
Tubing Size: 2 + 7/8 Tubing Setting Depth: 6100 Tbg setting date: 01/30/2012 Packer Depth: 6100

Reason for Non-Production: _____

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

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

The Gas BTU is zero because the gas analysis won't be ran until the gas pipeline is connected.

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

Signed: _____ Print Name: Christi

Title: Scritchfield Date: 3/16/2012 Email: christiscritchfield@contres.com

Attachment Check List

Att Doc Num	Name
400255366	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Off Hold. Form 5 approved.	8/6/2012 12:51:35 PM
Permit	Waiting on passage of form 5	4/25/2012 8:42:32 AM

Total: 2 comment(s)