



### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION  
Treatment Date: 06/16/2012 End Date: 06/17/2012 Date of First Production this formation: 07/11/2012  
Perforations Top: 7784 Bottom: 11638 No. Holes: 0 Hole size: 0

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

FRAC'D THROUGH AN OPEN HOLE LINER from 7784-11638. AVERAGE TREATING PRESSURE 5288, AVERAGE RATE 59.6, TOTAL BBLS OF FLUID 68216.  
1011240# 40/70, 2141960# 30/50, 152016# CRC 20/40, TOTAL SAND WEIGHT 3305217#.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 68216 Max pressure during treatment (psi): 7327

Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: \_\_\_\_\_ Max frac gradient (psi/ft): \_\_\_\_\_

Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: 19

Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_

Fresh water used in treatment (bbl): 36546 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 3305217 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

#### Test Information:

Date: 07/16/2012 Hours: 24 Bbl oil: 241 Mcf Gas: 355 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 241 Mcf Gas: 355 Bbl H2O: 0 GOR: 1471

Test Method: FLOWING Casing PSI: 2159 Tubing PSI: 1787 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1354 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7244 Tbg setting date: 07/09/2012 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: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

Comment: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Print Name: JOEL MALEFYT

Title: REGULATORY ANALYST Date: \_\_\_\_\_ Email: JOEL.MALEFYT@ANADARKO.COM

### Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)