

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 10/24/2012 End Date: 10/24/2012 Date of First Production this formation: 11/09/2012
Perforations Top: 7716 Bottom: 11729 No. Holes: 0 Hole size: 0
Provide a brief summary of the formation treatment: _____ Open Hole:

FRAC'D THROUGH AN OPEN HOLE LINER FROM 7716-11729.
10493 BBL PERMSTIM, 41762 BBL FR WATER, 109 BBL LINEAR GEL, 52363 BBL TOTAL FLUID.
1053050# 40/70, 279460# 30/50, 24580# 20/40, 1357090# TOTAL PROPPANT.

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 52363 Max pressure during treatment (psi): 6692
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.30
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.92
Total acid used in treatment (bbl): 0 Number of staged intervals: 14
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 4600
Fresh water used in treatment (bbl): 41762 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 1357090 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/25/2012 Hours: 24 Bbl oil: 298 Mcf Gas: 978 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 298 Mcf Gas: 978 Bbl H2O: 0 GOR: 3282
Test Method: FLOWING Casing PSI: 1892 Tubing PSI: 1213 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1219 API Gravity Oil: 50
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7090 Tbg setting date: 11/06/2012 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)