



FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 06/07/2010 Date of First Production this formation: 08/16/2010

Perforations Top: 6838 Bottom: 6982 No. Holes: 44 Hole size: 0.4

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

Frac NBRR w/ 500 gal 15% HCl & 168,995 gal Super Z LpH Hybrid & 250,020# 20/40 sand & 4,000# SB Excel.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 08/19/2010 Hours: 24 Bbls oil: 40 Mcf Gas: 117 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 40 Mcf Gas: 117 Bbls H2O: 0 GOR: 2925

Test Method: FLOWING Casing PSI: 347 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1232 API Gravity Oil: 40

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: Cindy Vue

Title: Regulatory Analyst II Date: \_\_\_\_\_ Email Cindy.Vue@anadarko.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: \_\_\_\_\_