



FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/16/2010 Date of First Production this formation: 08/26/2010

Perforations Top: 7025 Bottom: 7266 No. Holes: 111 Hole size: 0.38

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

NBRR Perf 7025-7120 Holes 53 Size 0.38 CODL Perf 7251-7266 Holes 58 Size 0.38

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 09/11/2010 Hours: 24 Bbls oil: 3 Mcf Gas: 39 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 3 Mcf Gas: 39 Bbls H2O: 0 GOR: 13000

Test Method: FLOWING Casing PSI: 811 Tubing PSI: 615 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1237 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7226 Tbg setting date: 08/18/2010 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: \_\_\_\_\_

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 08/26/2010 Date of First Production this formation: 06/17/2008

Perforations Top: 7025 Bottom: 7120 No. Holes: 53 Hole size: 0.38

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

No additional treatment.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_

Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_

Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ BTU Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_

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

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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: \_\_\_\_\_