

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/06/2010 Date of First Production this formation: 05/12/2010

Perforations Top: 7084 Bottom: 7386 No. Holes: 180 Hole size: 0.45

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

NBRR Perf 7084-7258 Holes 120 Size 0.42 CODL Perf 7371-7386 Holes 60 Size 0.45

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/27/2010 Hours: 24 Bbls oil: 7 Mcf Gas: 67 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 7 Mcf Gas: 67 Bbls H2O: 0 GOR: 9571

Test Method: FLOWING Casing PSI: 350 Tubing PSI: 325 Choke Size: 26/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1223 API Gravity Oil: 62

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7347 Tbg setting date: 05/06/2010 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: 05/12/2010 Date of First Production this formation: 06/26/2007

Perforations Top: 7084 Bottom: 7258 No. Holes: 120 Hole size: 0.42

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

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: _____