

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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| DE | ET | OE | ES |
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Document Number:

400129214

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10159 4. Contact Name: Jason Staller
2. Name of Operator: ROSETTA RESOURCES OPERATING LP Phone: (713) 335-4031
3. Address: 717 TEXAS STE 2800 Fax: (713) 493-2237
City: HOUSTON State: TX Zip: 77002

5. API Number 05-125-11755-00 6. County: YUMA
7. Well Name: FIX & WITTE Well Number: 02-03
8. Location: QtrQtr: NENW Section: 2 Township: 1S Range: 45W Meridian: 6
9. Field Name: DUKE Field Code: 18890

Completed Interval

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|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| FORMATION: <u>NIOBRARA</u> | Status: <u>PRODUCING</u> |
| Treatment Date: <u>04/29/2010</u> | Date of First Production this formation: <u>05/07/2010</u> |
| Perforations Top: <u>2294</u> Bottom: <u>2304</u> | No. Holes: <u>40</u> Hole size: <u>2/5</u> |
| Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u> | |
| <u>Total Prop=100,140 lbs., Total CO2=51 tons, Total Clean Fluid=806.5 bbls</u> | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | |
| Date: <u>05/08/2010</u> Hours: <u>0</u> Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u> | |
| Calculated 24 hour rate: <u>0</u> Bbls oil: <u>0</u> Mcf Gas: <u>114</u> Bbls H2O: <u>0</u> GOR: <u>0</u> | |
| Test Method: <u>flowing</u> Casing PSI: <u>210</u> Tubing PSI: <u>0</u> Choke Size: <u>8/64</u> | |
| Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>996</u> API Gravity Oil: <u>0</u> | |
| Tubing Size: <u>0</u> Tubing Setting Depth: <u>0</u> Tbg setting date: <u>0</u> Packer Depth: <u>0</u> | |
| Reason for Non-Production: <u>0</u> | |
| Date formation Abandoned: <u>0</u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u>0</u> | |
| Bridge Plug Depth: <u>0</u> Sacks cement on top: <u>0</u> | |

Comment:

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

Signed: _____ Print Name: Jason Staller
Title: Regulatory Analyst Date: _____ Email jason.staller@rosettaresources.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: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|------------------|
| 400129217 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
| | | |

Total: 0 comment(s)