

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400129469

**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 05-125-11796-00 6. County: YUMA  
7. Well Name: SCHOBE Well Number: 22-15  
8. Location: QtrQtr: SWSE Section: 22 Township: 1S Range: 44W Meridian: 6  
9. Field Name: VERNON Field Code: 86500

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING  
Treatment Date: 05/06/2010 Date of First Production this formation: 05/13/2010  
Perforations Top: 2166 Bottom: 2176 No. Holes: 40 Hole size: 2/5  
Provide a brief summary of the formation treatment: Open Hole: ☐  
Total Prop=100,800 lbs., Total CO2=51 tons, Total Clean Fluid=929.2 bbls  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 05/13/2010 Hours: 0 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 180 Bbls H2O: 0 GOR:         
Test Method: Flowing Casing PSI: 200 Tubing PSI: 0 Choke Size: 12/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 996 API Gravity Oil:         
Tubing Size: 2 + 3/8 Tubing Setting Depth: 2287 Tbg setting date: 06/29/2010 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:       

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
400129470	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)