

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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COMPLETED INTERVAL REPORT

Document Number:

400134972

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
2. Name of Operator: ROSETTA RESOURCES OPERATING LP
3. Address: 717 TEXAS STE 2800
City: HOUSTON State: TX Zip: 77002
4. Contact Name: Jason Staller
Phone: (713) 335-4031
Fax: (713) 49302237

5. API Number 05-125-11797-00
6. County: YUMA
7. Well Name: CANTRALL
Well Number: 35-06
8. Location: QtrQtr: SENW Section: 35 Township: 1S Range: 44W Meridian: 6
9. Field Name: VERNON Field Code: 86500

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 09/04/2010 Date of First Production this formation: 09/23/2010
Perforations Top: 2194 Bottom: 2204 No. Holes: 40 Hole size: 2/5
Provide a brief summary of the formation treatment: Open Hole:
Total Prop=100,680 lbs., Total CO2=54.5 tons, Total Clean Fluid=980 bbls
This formation is commingled with another formation: No
Test Information:
Date: 09/23/2010 Hours: 0 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 91 Bbls H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 150 Tubing PSI: 0 Choke Size: 10/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 996 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 2258 Tbg setting date: 09/25/2010 Packer Depth:
Reason for Non-Production:
Date formation Abandoned: Squeeze: 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
400134975	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)