

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:

400135426

**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 05-125-11488-00 6. County: YUMA  
7. Well Name: PRICKETT Well Number: 07-10  
8. Location: QtrQtr: NWSE Section: 7 Township: 1S Range: 45W Meridian: 6  
9. Field Name: REPUBLICAN Field Code: 73275

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING  
Treatment Date: 09/09/2010 Date of First Production this formation: 09/15/2010  
Perforations Top: 2316 Bottom: 2326 No. Holes: 40 Hole size: 2/5  
Provide a brief summary of the formation treatment: Open Hole: ☐  
Total Prop=139,212 lbs., Total CO2=57 tons, T0tal Clean Fluid=1176 bbls  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 09/15/2010 Hours: 0 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 191 Bbls H2O: 0 GOR: 0  
Test Method: Flowing Casing PSI: 330 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: 2380 Tbg setting date: 10/08/2010 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             |
|-------------|------------------|
| 400135427   | WELLBORE DIAGRAM |

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)