

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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Document Number:  
400134414

### 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  
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) 493-2237

5. API Number 05-125-11803-00  
6. County: YUMA  
7. Well Name: CANTRALL  
Well Number: 35-04  
8. Location: QtrQtr: NWNW Section: 35 Township: 1S Range: 44W Meridian: 6  
9. Field Name: PEREGRINE Field Code: 68385

### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING  
Treatment Date: 06/19/2010 Date of First Production this formation: 06/29/2010  
Perforations Top: 2180 Bottom: 2190 No. Holes: 40 Hole size: 2/5  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
Total Prop=98,326 lbs., Total CO2=43.3 tons, Total Clean Fluid=945 bbls

This formation is commingled with another formation:  Yes  No

#### Test Information:

Date: 06/29/2010 Hours: 0 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 99 Bbls H2O: 0 GOR: 0  
Test Method: Flowing Casing PSI: 280 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: 2250 Tbg setting date: 07/21/2010 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: 2/16/2011 Email jason.staller@rosettaresources.com

**Attachment Check List**

Att Doc Num	Name
400134414	FORM 5A SUBMITTED
400134416	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)