

FORMATION: NIORARA-CODELL-SUSSEX Status: COMMINGLED

Treatment Date: 01/21/2011 Date of First Production this formation: 03/02/2011

Perforations Top: 4648 Bottom: 7514 No. Holes: 180 Hole size: 0.38

Provide a brief summary of the formation treatment: _____ Open Hole:

SX PERF 4648-4756 HOLE 60 SIZE 0.38
 NB PERF 7262-7357 HOLES 60 SIZE 0.42
 CD PERF 7494-7514 HOLES 60 SIZE 0.38

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/22/2011 Hours: 24 Bbls oil: 65 Mcf Gas: 142 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 65 Mcf Gas: 142 Bbls H2O: 0 GOR: 2185

Test Method: FLOWING Casing PSI: 1061 Tubing PSI: 1031 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1186 API Gravity Oil: 48

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____

FORMATION: SUSSEX Status: PRODUCING

Treatment Date: 02/02/2011 Date of First Production this formation: 03/02/2011

Perforations Top: 4648 Bottom: 4756 No. Holes: 60 Hole size: 0.38

Provide a brief summary of the formation treatment: _____ Open Hole:

Frac Sussex down 4-1/2" Csg w/ 18,564 gal Lightning N2 w/ 180,840# 16/30, 20,640# SB Excel

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: Cindy Vue

Title: Regulatory Analyst II Date: _____ Email Cindy.Vue@anadarko.com
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Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)