

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/04/2011 Date of First Production this formation: 05/13/2011

Perforations Top: 6842 Bottom: 7133 No. Holes: 149 Hole size: 0.38

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

CDREFRAC

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/22/2011 Hours: 24 Bbls oil: 3 Mcf Gas: 117 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 3 Mcf Gas: 117 Bbls H2O: 0 GOR: 39000

Test Method: FLOWING Casing PSI: 986 Tubing PSI: 878 Choke Size: 30/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1230 API Gravity Oil: 57

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7079 Tbg setting date: 05/09/2011 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: NIOBRARA Status: COMMINGLED

Treatment Date: 05/04/2011 Date of First Production this formation: 04/16/2007

Perforations Top: 6842 Bottom: 7006 No. Holes: 91 Hole size: 0.42

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

CD REFRAC.

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: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: _____ Email: CARA.MAHLER@ANADARKO.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

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)