


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table>	DE	ET	OE	ES																																				
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COMPLETED INTERVAL REPORT			Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">400134782</div>																																								
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.																																											
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Bridge Plug Depth: _____ Sacks cement on top: _____																																											

FORMATION: <u>J SAND</u>		Status: <u>TEMPORARILY ABANDONED</u>	
Treatment Date: <u>12/15/2010</u>		Date of First Production this formation: <u>12/05/2007</u>	
Perforations	Top: <u>7760</u>	Bottom: <u>7812</u>	No. Holes: <u>84</u>
Hole size: <u>0.38</u>			
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div style="border: 1px solid black; padding: 2px;">Spot 2200# sand plug, top of plug @ 7552'</div>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____
Bbls H2O: _____		GOR: _____	
Calculated 24 hour rate:	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____
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:			
<div style="border: 1px solid black; padding: 2px;">SET SAND PLUG AT 7552' FOR CDRF-NBRC</div>			
Date formation Abandoned: <u>12/15/2011</u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____	
Bridge Plug Depth: _____	Sacks cement on top: _____		

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>01/05/2011</u>		Date of First Production this formation: <u>01/19/2011</u>	
Perforations	Top: <u>7076</u>	Bottom: <u>7346</u>	No. Holes: <u>122</u>
Hole size: <u>0.42</u>			
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div style="border: 1px solid black; padding: 2px;">NB PERF 7076-7204 HOLES 54 SIZE .42 CD PERF 7328-7346 HOLES 68 SIZE .45</div>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>02/10/2011</u>	Hours: <u>24</u>	Bbls oil: <u>28</u>	Mcf Gas: <u>77</u>
Bbls H2O: <u>0</u>		GOR: <u>2750</u>	
Calculated 24 hour rate:	Bbls oil: <u>28</u>	Mcf Gas: <u>77</u>	Bbls H2O: <u>0</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>198</u>	Tubing PSI: _____	Choke Size: <u>14/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1261</u>	API Gravity Oil: <u>52</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production:			
<div style="border: 1px solid black; height: 20px;"></div>			
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____	
Bridge Plug Depth: _____	Sacks cement on top: _____		

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>NIOBRARA</u>		Status: <u>COMMINGLED</u>		
Treatment Date: <u>01/05/2011</u>		Date of First Production this formation: <u>01/19/2011</u>		
Perforations	Top: <u>7076</u>	Bottom: <u>7204</u>	No. Holes: <u>54</u>	Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 5px;">Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 246,702 gal Slickwater w/ 200,060# 40/70 & 4,000# 20/40 SB Excel.</div>				
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____	
Bridge Plug Depth: _____		Sacks cement on top: _____		

Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.				
Signed: _____		Print Name: <u>CARA MAHLER</u>		
Title: <u>REGULATORY ANALYST 1</u>	Date: <u>2/17/2011</u>	Email	<u>CARA.MAHLER@ANADARKO.COM</u>	

Attachment Check List

Att Doc Num	Name
400134782	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)