


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;">400130362</div>																									
<p>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.</p>																												
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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: _____																												

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>12/22/2010</u>		Date of First Production this formation: <u>01/05/2011</u>			
Perforations	Top: <u>7050</u>	Bottom: <u>7333</u>	No. Holes: <u>154</u>	Hole size: <u>0.38</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>NB PERF 7050-7333 HOLES 58 SIZE 0.47 CD PERF 7316-7333 HOLES 96 SIZE 0.38</u>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>01/07/2011</u>	Hours: <u>24</u>	Bbls oil: <u>18</u>	Mcf Gas: <u>368</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>18</u>	Mcf Gas: <u>368</u>	Bbls H2O: <u>0</u>	GOR: <u>20444</u>
Test Method: <u>FLOWING</u>		Casing PSI: <u>2150</u>	Tubing PSI: _____	Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1235</u>	API Gravity Oil: <u>60</u>	
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: _____			

FORMATION: <u>NIOBRARA</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>12/22/2010</u>		Date of First Production this formation: <u>01/05/2011</u>			
Perforations	Top: <u>7050</u>	Bottom: <u>7186</u>	No. Holes: <u>58</u>	Hole size: <u>0.47</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 245,618 gal Slickwater w/ 201,120# 40/70, 4,000# SuperLC, 0# .</u>					
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: _____	
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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: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: 2/9/2011 Email CARA.MAHLER@ANADARKO.COM
:

Attachment Check List

Att Doc Num	Name
400130362	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)