


<b>FORM 5A</b>  Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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> Document Number:  <div style="text-align: center; font-weight: bold;">400136993</div>	DE	ET	OE	ES				
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<b>COMPLETED INTERVAL REPORT</b>											
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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Treatment Date: <u>12/22/2010</u> Date of First Production this formation: <u>10/25/2005</u>											
Perforations Top: <u>7468</u> Bottom: <u>7537</u> No. Holes: <u>110</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;">           SAND PLUG TO 7268'.            SET SAND PLUG TO REFRAC NB/CD.         </div>											
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
<b>Test Information:</b>											
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; padding: 2px;">           SAND PLUG TO 7268'         </div>											
Date formation Abandoned: <u>12/22/2010</u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____											
Bridge Plug Depth: <u>7268</u> Sacks cement on top: _____											

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

FORMATION: <u>NIORARA-CODELL</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>01/19/2011</u>		Date of First Production this formation: <u>11/04/2004</u>		
Perforations	Top: <u>6688</u>	Bottom: <u>7010</u>	No. Holes: <u>188</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
Re-Frac Codell-Niobrara down 4-1/2" Csg w/ 250 gal 15% HCl & 453,602 gal Slickwater w/ 342,620# 40/70, 8,000# SB Excel. RETURNED DOWNLINE AFTER REFRAC ON 1/26/2011.				
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Test Information:</b>				
Date: <u>02/20/2011</u>	Hours: <u>24</u>	Bbls oil: <u>41</u>	Mcf Gas: <u>578</u>	Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>41</u>	Mcf Gas: <u>578</u>	Bbls H2O: <u>0</u> GOR: <u>14098</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>350</u>	Tubing PSI: <u></u>	Choke Size: <u>26/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1146</u>	API Gravity Oil: <u>61</u>	
Tubing Size: <u></u>	Tubing Setting Depth: <u></u>	Tbg setting date: <u></u>	Packer Depth: <u></u>	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>				
Date formation Abandoned: <u></u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>		

Comment: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
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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 I</u>	Date: <u>2/25/2011</u>	Email	<u>CARA.MAHLER@ANADARKO.COM</u>	

### **Attachment Check List**

Att Doc Num	Name
400136993	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)