


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;">400138708</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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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>J SAND</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>01/18/2011</u>		Date of First Production this formation: <u>01/31/2011</u>		
Perforations	Top: <u>7826</u>	Bottom: <u>7868</u>	No. Holes: <u>54</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;">Frac J-Sand down 4-1/2" Csg w/ 163,800 gal Slickwater w/ 115,140# 40/70, 4,060# SB Excel, 0# .</div>				
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Test Information:				
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____
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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: <u>CARA MAHLER</u>		
Title: <u>REGULATORY ANALYST 1</u>	Date: <u>3/2/2011</u>	Email	<u>CARA.MAHLER@ANADARKO.COM</u>	
:				

Attachment Check List

Att Doc Num	Name
400138708	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)