


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%; text-align: center;">DE</td> <td style="width: 25%; text-align: center;">ET</td> <td style="width: 25%; text-align: center;">OE</td> <td style="width: 25%; text-align: center;">ES</td> </tr> </table> Document Number: <div style="text-align: center; font-weight: bold;">400139323</div>	DE	ET	OE	ES				
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COMPLETED INTERVAL REPORT											
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>12/30/2010</u> Date of First Production this formation: <u>11/10/2002</u>											
Perforations Top: <u>7691</u> Bottom: <u>7728</u> No. Holes: <u>74</u> Hole size: <u>0.21</u>											
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>											
<div style="border: 1px solid black; padding: 2px;">SAND PLUG OVER J-SAND TOP AT 7490'</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: _____											
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 OVER J-SAND TOP AT 7490'</div>											
Date formation Abandoned: <u>12/30/2010</u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____											
Bridge Plug Depth: <u>7490</u> Sacks cement on top: _____											

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>NIOBRARA-CODELL-SUSSEX</u>		Status: <u>COMMINGLED</u>		
Treatment Date: <u>01/19/2011</u>		Date of First Production this formation: <u>03/11/1993</u>		
Perforations	Top: <u>4546</u>	Bottom: <u>7228</u>	No. Holes: <u>56</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div>Re-Frac Codell down 2-7/8" Tbg w/ Pkr ^ Nio w/ 119,318 gal Vistar w/ 261,780# 20/40, 4,500# SB Excel. REPERFED CD 7214-7228 HOLES 14 SIZE .38 AFTER CD REFRAC WELL WENT DOWNLINE ON 2/04/2011.</div>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Test Information:				
Date: <u>02/22/2011</u>	Hours: <u>24</u>	Bbls oil: <u>6</u>	Mcf Gas: <u>258</u>	Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>6</u>	Mcf Gas: <u>258</u>	Bbls H2O: <u>0</u> GOR: <u>43000</u>
Test Method: <u>FLOWING</u>		Casing PSI: <u>126</u>	Tubing PSI: <u>127</u>	Choke Size: <u>26/64</u>
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1235</u>	API Gravity Oil: <u>60</u>
Tubing Size: <u>2 + 3/8</u>		Tubing Setting Depth: <u>7172</u>	Tbg setting date: <u>02/23/2011</u>	Packer Depth: _____
Reason for Non-Production: <div></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></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>3/3/2011</u>	Email	<u>CARA.MAHLER@ANADARKO.COM</u>	
:				

Attachment Check List

Att Doc Num	Name
400139323	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)