


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> Document Number: <div style="text-align: center; font-weight: bold;">400127278</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>12/21/2010</u> Date of First Production this formation: <u>05/21/2007</u>											
Perforations Top: <u>7518</u> Bottom: <u>7538</u> No. Holes: <u>60</u> Hole size: <u>0.45</u>											
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
<div style="border: 1px solid black; padding: 2px;">Commingled with Niobrara</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: _____											
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>NIOBARRA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>12/06/2010</u>		Date of First Production this formation: <u>12/29/2010</u>	
Perforations	Top: <u>7276</u> Bottom: <u>7538</u>	No. Holes: <u>126</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
NB Perf: 7276-7398 Holes: 66 Size: .38 Frac NB w/ 250 gal 15% HCl & 236,797 gal Slickwater w/ 201,280# 40/70 sand, 4,000# SuperLC sand CD Perf: 7518-7538 Holes 60 Size: .45 No new perf; no new treatment No choke			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>03/01/2011</u>	Hours: <u>24</u>	Bbls oil: <u>2</u>	Mcf Gas: <u>26</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>2</u>	Mcf Gas: <u>26</u> Bbls H2O: <u>0</u> GOR: <u>13000</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1613</u>	Tubing PSI: <u>834</u>	Choke Size: <u></u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1255</u>	API Gravity Oil: <u>53</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7483</u>	Tbg setting date: <u>12/21/2010</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: Kenny Trueax

Title: Regulatory Analyst II Date: 3/7/2011 Email: Kenny.Trueax@anadarko.com

Attachment Check List

Att Doc Num	Name
400127278	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)