


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;">400150028</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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<u>Completed Interval</u>											
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Treatment Date: <u>03/01/2011</u> Date of First Production this formation: <u>04/11/2006</u>											
Perforations Top: <u>7356</u> Bottom: <u>7373</u> No. Holes: <u>51</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;">NB RECOMPLETE. WENT DOWNLINE WITH NB ON 3/9/2011.</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: <u>SOLD</u> Gas Type: <u>WET</u> 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: _____											

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION:	NIOBRARA-CODELL				Status:	PRODUCING					
Treatment Date:	03/01/2011		Date of First Production this formation:	03/09/2011							
Perforations	Top:	7140	Bottom:	7373	No. Holes:	117	Hole size:	0.42			
Provide a brief summary of the formation treatment:				Open Hole: <input type="checkbox"/>							
NB RECOMPLETE											
This formation is commingled with another formation:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:											
Date:	03/23/2011	Hours:	24	Bbls oil:	13	Mcf Gas:	40	Bbls H2O:	0		
Calculated 24 hour rate:		Bbls oil:	13	Mcf Gas:	40	Bbls H2O:	0	GOR: 3077			
Test Method:	FLOWING		Casing PSI:	329	Tubing PSI:	454	Choke Size:		14/64		
Gas Disposition:	SOLD		Gas Type:	WET	BTU Gas:	1179	API Gravity Oil:		56		
Tubing Size:	2 + 3/8	Tubing Setting Depth:	7323	Tbg setting date:	03/28/2011	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:	NIOBRARA				Status:	COMMINGLED					
Treatment Date:	03/01/2011		Date of First Production this formation:	03/09/2011							
Perforations	Top:	7140	Bottom:	7274	No. Holes:	66	Hole size:	0.42			
Provide a brief summary of the formation treatment:				Open Hole: <input type="checkbox"/>							
Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 242,594 gal Slickwater w/ 199,020# 30/50, 4,000# SB Excel.											
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:							

Comment:

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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: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: 4/5/2011 Email CARA.MAHLER@ANADARKO.COM
:

Attachment Check List

Att Doc Num	Name
400150028	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)