


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;">400156600</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>03/14/2011</u> Date of First Production this formation: <u>03/22/2011</u>											
Perforations Top: <u>7566</u> Bottom: <u>7868</u> No. Holes: <u>170</u> Hole size: <u>0.42</u>											
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
<div style="border: 1px solid black; padding: 2px;">CIBP DRILLED BACK TO 7840' ALLOWING THE PART OF THE JSND TO CM WITH THE GRNHN.</div>											
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Test Information:											
Date: <u>04/18/2011</u> Hours: <u>24</u> Bbls oil: <u>2</u> Mcf Gas: <u>145</u> Bbls H2O: <u>0</u>											
Calculated 24 hour rate: _____ Bbls oil: <u>2</u> Mcf Gas: <u>145</u> Bbls H2O: <u>0</u> GOR: <u>72500</u>											
Test Method: <u>FLOWING</u> Casing PSI: <u>385</u> Tubing PSI: <u>165</u> Choke Size: _____											
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1191</u> API Gravity Oil: <u>52</u>											
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: <u>J SAND</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>03/14/2011</u>		Date of First Production this formation: <u>05/22/2002</u>			
Perforations	Top: <u>7804</u>	Bottom: <u>7868</u>	No. Holes: <u>110</u>	Hole size: <u>0.35</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<div>Drill on CIBP. Push down to 7838'. not able to get to CIBP remains @ 7840'.</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: _____					
<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:

NO CHOKE. JSND SHOULD HAVE HAD A TA STATUS SINCE THERE WAS A CIBP SET ON 3/4/2010 @ 7750'.

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: 4/20/2011 Email CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400156600	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)