

FORMATION: J-CODELL Status: COMMINGLED

Treatment Date: 05/11/2011 Date of First Production this formation: 05/20/2011

Perforations Top: 7776 Bottom: 8238 No. Holes: 106 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole:

CD Perf 7776-7794 Holes 54 Size 0.42
J S Perf 8218-8238 Holes 52 Size 0.42

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/20/2011 Hours: 24 Bbls oil: 25 Mcf Gas: 75 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 25 Mcf Gas: 75 Bbls H2O: 0 GOR: 3000

Test Method: FLOWING Casing PSI: 1900 Tubing PSI: _____ Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1173 API Gravity Oil: 44

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: J SAND Status: PRODUCING

Treatment Date: 05/11/2011 Date of First Production this formation: 05/20/2011

Perforations Top: 8218 Bottom: 8238 No. Holes: 52 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole:

J S Perf 8218-8238 Holes 52 Size 0.42
Frac J-Sand down 4-1/2" Csg w/ 149,772 gal Slickwater w/ 115,940# 40/70, 4,000# SB Excel

This formation is commingled with another formation: Yes 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: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Cindy Vue

Title: Regulatory Analyst II Date: _____ Email: Cindy.Vue@anadarko.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)