


<b>FORM 5A</b>  Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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;">400180997</div>	DE	ET	OE	ES				
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<b>COMPLETED INTERVAL REPORT</b>											
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>06/07/2011</u> Date of First Production this formation: <u>08/22/2005</u>											
Perforations Top: <u>7220</u> Bottom: <u>7240</u> No. Holes: <u>60</u> Hole size: <u>0.38</u>											
Provide a brief summary of the formation treatment: <span style="float: right;">Open Hole: <input type="checkbox"/></span>											
<div style="border: 1px solid black; padding: 2px;">Re-Frac Codell down 4-1/2" Csg w/ 189,042 gal Slickwater w/ 150,780# 30/50, 4,000# SuperLC</div>											
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
<b>Test Information:</b>											
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: _____											

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

FORMATION: <u>J-CODELL</u>		Status: <u>COMMINGLED</u>		
Treatment Date: <u>06/07/2011</u>		Date of First Production this formation: <u>07/16/2007</u>		
Perforations	Top: <u>7220</u>	Bottom: <u>7706</u>	No. Holes: <u>138</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;">CD REFRAC</div>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>Test Information:</b>				
Date: <u>06/27/2011</u>	Hours: <u>24</u>	Bbls oil: <u>5</u>	Mcf Gas: <u>50</u>	Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>5</u>	Mcf Gas: <u>50</u>	Bbls H2O: <u>0</u> GOR: <u>10000</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>976</u>	Tubing PSI: _____	Choke Size: <u>26/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1267</u>	API Gravity Oil: <u>55</u>	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></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:

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: 6/30/2011 Email CARA.MAHLER@ANADARKO.COM

### Attachment Check List

Att Doc Num	Name
400180997	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)