


<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;">400185559</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>06/03/2011</u> Date of First Production this formation: <u>05/27/1971</u>											
Perforations Top: <u>7830</u> Bottom: <u>7880</u> No. Holes: <u>84</u> Hole size: _____											
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
<div style="border: 1px solid black; padding: 2px;">SAND PLUG SET @ 7475-7955. NO HOLE SIZE AVAILABLE.</div>											
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" 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: _____											
<div style="border: 1px solid black; padding: 2px;">SAND PLUG SET @ 7475-7955.</div>											
Date formation Abandoned: <u>06/03/2011</u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____											
Bridge Plug Depth: <u>7955</u> Sacks cement on top: _____											

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

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>			
Treatment Date: <u>06/23/2011</u>		Date of First Production this formation: <u>07/05/2011</u>			
Perforations	Top: <u>7144</u>	Bottom: <u>7416</u>	No. Holes: <u>126</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: 5px;">NB PERF: 7144-7250 HOLES 54 SIZE .42 Re-Frac Codell down 2-7/8" Tbg w/ Pkr ^ Nio w/ 118,952 gal Vistar w/ 260,900# 20/40, 4,220# SB Excel. Frac Niobrara B &amp; C down 2-7/8" Tbg w/ Pkr ^ Nio w/ 254 gal 15% HCl &amp; 170,767 gal Vistar Hybrid w/ 250,000# 20/40, 4,160# SB Excel.</div>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Test Information:</b>					
Date: <u>07/12/2011</u>	Hours: <u>24</u>	Bbls oil: <u>72</u>	Mcf Gas: <u>436</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>72</u>	Mcf Gas: <u>436</u>	Bbls H2O: <u>0</u>	GOR: <u>6055</u>
Test Method: <u>FLOWING</u>		Casing PSI: <u>140</u>	Tubing PSI: <u>        </u>	Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1154</u>	API Gravity Oil: <u>50</u>	
Tubing Size: <u>        </u>		Tubing Setting Depth: <u>        </u>	Tbg setting date: <u>        </u>	Packer Depth: <u>        </u>	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></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:

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: 7/15/2011 Email CARA.MAHLER@ANADARKO.COM

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### Attachment Check List

Att Doc Num	Name
400185559	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)