

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



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Document Number:

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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.

1. OGCC Operator Number: 2800 4. Contact Name: CARA MAHLER
2. Name of Operator: ANADARKO E&P COMPANY LP Phone: (720) 929-6029
3. Address: P O BOX 1330 Fax: (720) 929-7029
City: HOUSTON State: TX Zip: 77251

5. API Number 05-123-31795-00 6. County: WELD
7. Well Name: HOBART Well Number: 8-67-1-4H
8. Location: QtrQtr: NWNW Section: 1 Township: 8N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>NIOBARRA</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>05/25/2011</u>		Date of First Production this formation: <u>05/29/2011</u>	
Perforations	Top: _____	Bottom: _____	No. Holes: _____
Hole size: _____		Provide a brief summary of the formation treatment: _____	
Open Hole: <input checked="" type="checkbox"/>		FRAC'D THRU AN OPEN HOLE LINE BETWEEN 7945-12348. AVERAGE TREATING PRESSURE 6030, AVERAGE RATE 19.6, TOTAL BBLS OF FLUID 9040, TOTAL SAND WEIGHT 1016649. CO2 AVERAGE RATE 19, TOTAL BBLS CO2 9929.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>06/07/2011</u>	Hours: <u>18</u>	Bbls oil: <u>249</u>	Mcf Gas: <u>750</u>
Bbls H2O: <u>100</u>	Calculated 24 hour rate:	Bbls oil: <u>332</u>	Mcf Gas: <u>1000</u>
Bbls H2O: <u>133</u>	Test Method: <u>FLOWING</u>	Casing PSI: _____	Tubing PSI: <u>264</u>
Choke Size: <u>28/64</u>	Gas Disposition: <u>FLARED</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1300</u>
API Gravity Oil: <u>35</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: _____			

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: _____ Email: CARA.MAHLER@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)