

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: NIOBRARA Status: PRODUCING

Treatment Date: 05/25/2011 Date of First Production this formation: 05/29/2011

Perforations Top: _____ Bottom: _____ No. Holes: _____ Hole size: _____

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

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: Yes No

Test Information:

Date: 06/07/2011 Hours: 18 Bbls oil: 249 Mcf Gas: 750 Bbls H2O: 100

Calculated 24 hour rate: _____ Bbls oil: 332 Mcf Gas: 1000 Bbls H2O: 133 GOR: 3012

Test Method: FLOWING Casing PSI: _____ Tubing PSI: 264 Choke Size: 28/64

Gas Disposition: FLARED Gas Type: WET BTU Gas: 1300 API Gravity Oil: 35

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: 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)