

FORMATION: SUSSEX Status: PRODUCING

Treatment Date: 05/07/2010 Date of First Production this formation: 08/11/2011

Perforations Top: 4400 Bottom: 4438 No. Holes: 66 Hole size: 0.27

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

Frac Sussex down 3-1/2" Csg w/ 20,538 gal ThermoStar N2 w/ 180,360# 16/30, 20,820# SB Excel. Broke @ 1,566 psi @ 4bpm unable to plunger lift due to small amounts of gas. Commingle with NB/CD should add 20 mscf/d and lift well. 08/11/2011 after COMMINGLED the SUSSEX officially turned on.

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: _____

NO CHOKE

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

User Group **Comment** **Comment Date**

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

Total: 0 comment(s)