

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/24/2011 Date of First Production this formation: 01/27/2011

Perforations Top: 7076 Bottom: 7364 No. Holes: 114 Hole size: 0.42

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

NB PERF 7076-7218 HOLES 66 SIZE 0.38 CD PERF 7352-7364 HOLES 48 SIZE 0.42
1/24/11 -Drill CIBP & push to 7840'
1/27/11 -Commingled with NB-CD production

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/27/2011 Hours: 24 Bbls oil: 10 Mcf Gas: 100 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 10 Mcf Gas: 100 Bbls H2O: 0 GOR: 10000

Test Method: FLOWING Casing PSI: 800 Tubing PSI: 800 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1237 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7331 Tbg setting date: 01/25/2011 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 12/07/2010 Date of First Production this formation: 12/13/2010

Perforations Top: 7076 Bottom: 7218 No. Holes: 66 Hole size: 0.38

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

12/7/10 -Frac Niobrara w/ 250 gal 15% HCl & 252,422 gal Slickwater w/ 100,453# 40/70, 4,000# SB Excel
12/13/10 -NBRR PRODUCING ONLY
1/24/11 -Drill CIBP & push to 7840'
1/27/11 -Commingled with NB-CD production

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:

THIS WELL IS ON THE KERR-MCGEE DELINQUENCY LIST. THIS FORM 5A IS THE MOST CURRENT INFORMATION ON THIS WELLBORE. THANK YOU.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Cindy Vue

Title: Regulatory Analyst II

Date: _____

Email Cindy.Vue@anadarko.com

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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)