

FORMATION: J SAND Status: PRODUCING

Treatment Date: 08/30/2011 Date of First Production this formation: 11/09/2011

Perforations Top: 7763 Bottom: 7787 No. Holes: 48 Hole size: 0.4

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

J S PERF 7763-7787 TOTAL 48 SIZE 0.40
Frac J-Sand down 4-1/2" Csg w/ 146,502 gal Slickwater w/ 115,000# 40/70, 4,180# SB Excel

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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/06/2011 Date of First Production this formation: 11/09/2011

Perforations Top: 7220 Bottom: 7453 No. Holes: 126 Hole size: 0.42

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

NB PERF 7220-7294 TOTAL 66 SIZE 0.42 CD PERF 7433-7453 TOTAL 60 SIZE 0.42
Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 246,836 gal Slickwater w/ 201,780# 40/70, 4,000# SB Excel
Frac Codell down 4-1/2" Csg w/ 203,994 gal Slickwater w/ 152,000# 40/70, 4,080# SB Excel

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: _____

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

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> |
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| | | |

Total: 0 comment(s)