

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment Date: 09/14/2011 Date of First Production this formation: 12/15/1983

Perforations Top: 7958 Bottom: 7982 No. Holes: 96 Hole size: _____

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

SET CIBP @ 7580-7582

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: _____

SET CIBP @ 7580-7582

Date formation Abandoned: 09/14/2011 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7582 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/29/2011 Date of First Production this formation: 10/24/2011

Perforations Top: 7318 Bottom: 7524 No. Holes: 132 Hole size: 0.42

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

CDRF-NBREC

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/02/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 18 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 2 Mcf Gas: 18 Bbls H2O: 0 GOR: 9000

Test Method: FLOWING Casing PSI: 910 Tubing PSI: _____ Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1226 API Gravity Oil: 47

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 Status: COMMINGLED

Treatment Date: 09/29/2011 Date of First Production this formation: 10/24/2011

Perforations Top: 7318 Bottom: 7412 No. Holes: 60 Hole size: 0.52

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

Frac Niobrara B & C down 2-7/8" Tbg w/ Pkr ^ Nio w/ 252 gal 15% HCl & 246,641 gal Slickwater w/ 201,540# 40/70, 4,060# 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: SUSSEX Status: ABANDONED

Treatment Date: 09/07/2011 Date of First Production this formation: 09/15/2009

Perforations Top: 4722 Bottom: 4832 No. Holes: 38 Hole size: 0.42

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

Squeeze existing sussex perms

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: 09/07/2011 Squeeze: Yes No If yes, number of sacks cmt 100

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment: _____
CHOKE N/A

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
400240960	CEMENT JOB SUMMARY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)