

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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
2. Name of Operator: ANADARKO E&P COMPANY LP
3. Address: PO BOX 173779
City: DENVER State: CO Zip: 80217
4. Contact Name: CARA MAHLER
Phone: (720) 929-6029
Fax: (720) 929-7029

5. API Number 05-005-07167-02
6. County: ARAPAHOE
7. Well Name: STATE OF CO
Well Number: 5-24XXHZ
8. Location: QtrQtr: NENE Section: 24 Township: 5S Range: 65W Meridian: 6
9. Field Name: LOWRY Field Code: 52075

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 11/15/2011 Date of First Production this formation: 11/28/2011
Perforations Top: 8495 Bottom: 12455 No. Holes: 720 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole: []
Total average pressure 4,808, total average rate 52.1, total bbl fluid 57,660, total sand weight 2,920,140.
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 11/29/2011 Hours: 24 Bbls oil: 37 Mcf Gas: 70 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 37 Mcf Gas: 70 Bbls H2O: 0 GOR: 1891
Test Method: FLOWING Casing PSI: 1557 Tubing PSI: 619 Choke Size: 14/64
Gas Disposition: FLARED Gas Type: WET BTU Gas: 1300 API Gravity Oil: 39
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8022 Tbg setting date: 11/23/2011 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:

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: 1/4/2012 Email: CARA.MAHLER@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400229903	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)