

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/09/2012 Date of First Production this formation: 04/25/2012

Perforations Top: 7436 Bottom: 7676 No. Holes: 114 Hole size: 0.42

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

PERF NBRR 7436-7528 HOLES 60 SIZE .42
PERF CODL 7658-7676 HOLES 54 SIZE .38

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/26/2012 Hours: 24 Bbls oil: 20 Mcf Gas: 208 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 20 Mcf Gas: 208 Bbls H2O: 0 GOR: 10400

Test Method: FLOWING Casing PSI: 1964 Tubing PSI: 0 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1129 API Gravity Oil: 46

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: 04/09/2012 Date of First Production this formation: 04/25/2012

Perforations Top: 7436 Bottom: 7528 No. Holes: 60 Hole size: 0.42

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

PERF NBRR 7436-7528 HOLES 60 SIZE .42
Frac NBRR down 4.5" casing w/ 250 gal 15% HCl & 238,478 gal slickwater w/ 201,060# 40/70, 4,000# SB Excel.
Broke @ 3,064 psi @ 1.6 bpm. ATP=4,720 psi; MTP=5,145 psi; ATR=61.0 bpm; ISDP=3,310 psi

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: JOEL MALEFYT

Title: REGULATORY ANALYST Date: _____ JOEL.MALEFYT@ANADARKO.COM

Email
:

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)