



### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION  
Treatment Date: 09/22/2012 End Date: 09/23/2012 Date of First Production this formation: 10/03/2012  
Perforations Top: 7367 Bottom: 11400 No. Holes: 0 Hole size: 0

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

FRAC'D THROUGH AN OPEN HOLE LINER FROM 7367-11400.  
1578820# 40/70, 190000# 30/50, 8000# CRC 20/40, 1776820# TOTAL.  
8196 BBL PERMSTIM 45#, 66086 BBL FR WATER, 1029 BBL LINEAR GEL, 75311 BBL TOTAL FLUID.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 75311 Max pressure during treatment (psi): 7762

Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): 0.93

Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: 20

Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): 4611

Fresh water used in treatment (bbl): 66086 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 1776820 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

#### Test Information:

Date: 10/20/2012 Hours: 24 Bbl oil: 206 Mcf Gas: 1341 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 206 Mcf Gas: 1341 Bbl H2O: 0 GOR: 6510

Test Method: FLOWING Casing PSI: 2661 Tubing PSI: 2240 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1225 API Gravity Oil: 53

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6692 Tbg setting date: 10/14/2012 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: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

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: 11/15/2012 Email: JOEL.MALEFYT@ANADARKO.COM

#### Attachment Check List

Att Doc Num	Name
400334710	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>
Permit	Received and entered frac fluid totals. Ready to pass.	2/6/2013 8:29:27 AM
Permit	On hold. Requested frac fluid totals.	1/31/2013 2:45:54 PM

Total: 2 comment(s)