

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/12/2012 End Date: 11/15/2012 Date of First Production this formation: 11/26/2012

Perforations Top: 7281 Bottom: 16099 No. Holes: 0 Hole size: 0

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

FRAC'D THROUGH AN OPEN HOLE LINER FROM 7281-16099.
60728 BBL X-LINKED GEL, 1112 BBL FR WATER, 84921 BBL LINEAR GEL, 146761 BBL TOTAL FLUID.
2721620 # 40/70 SAND, 2179340# 30/50 SAND, 164040# SUPER LC, 5065000# TOTAL PROPPANT.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 146761 Max pressure during treatment (psi): 7502

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: Min frac gradient (psi/ft): 0.95

Total acid used in treatment (bbl): 0 Number of staged intervals: 40

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 40151

Fresh water used in treatment (bbl): 1112 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 5065000 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/14/2013 Hours: 24 Bbl oil: 395 Mcf Gas: 1086 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 395 Mcf Gas: 1086 Bbl H2O: 0 GOR: 2749

Test Method: FLOWING Casing PSI: 2081 Tubing PSI: 1449 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1276 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6895 Tbg setting date: 12/08/2012 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: 1/22/2013 Email: JOEL.MALEFYT@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400370931	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)