

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/22/2013 End Date: 04/23/2013 Date of First Production this formation: 04/27/2013

Perforations Top: 7713 Bottom: 11790 No. Holes: 0 Hole size: 0

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

COMPLETED THROUGH AN OPEN HOLE LINER FROM 7713-11790.
10244 BBL CROSSLINK GEL, 894 BBL LINEAR GEL, 62322 BBL SLICKWATER, 73460 BBL TOTAL FLUID.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 73460 Max pressure during treatment (psi): 7433

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): 0.94

Total acid used in treatment (bbl): 0 Number of staged intervals: 19

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 3944

Fresh water used in treatment (bbl): 0 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 1809515 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/04/2013 Hours: 24 Bbl oil: 255 Mcf Gas: 406 Bbl H2O: 383

Calculated 24 hour rate: Bbl oil: 255 Mcf Gas: 406 Bbl H2O: 383 GOR: 1592

Test Method: FLOWING Casing PSI: 1393 Tubing PSI: 1979 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1298 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7186 Tbg setting date: 04/29/2013 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: 6/10/2013 Email: JOEL.MALEFYT@ANADARKO.COM

Attachment Check List

Att Doc Num	Name
400431123	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Codell top changed per Sundry docnum 400459797. Ready to pass.	7/31/2013 11:10:03 AM
Permit	On hold. Top of Codell is 8271 per form 5.	6/14/2013 3:06:46 PM

Total: 2 comment(s)