



FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/10/2010 Date of First Production this formation: 08/23/2010

Perforations Top: 6856 Bottom: 7100 No. Holes: 84 Hole size: 0.31

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

NBRR Perf 6856-6864 Holes 44 Size 0.42 CODL Perf 7088-7100 Holes 40 Size 0.31

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 09/02/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 36 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 36 Bbls H2O: 0 GOR: \_\_\_\_\_

Test Method: FLOWING Casing PSI: 732 Tubing PSI: 607 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1371 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7062 Tbg setting date: 08/18/2010 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: 08/10/2010 Date of First Production this formation: 08/23/2010

Perforations Top: 6856 Bottom: 6864 No. Holes: 44 Hole size: 0.42

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

Frac NBRR w/ 252 gal 15% HCl & 170,142 gal Vistar Hybrid & 250,340# 20/40 sand & 4,080# SB Excel.

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: Cindy Vue

Title: Regulatory Analyst II

Date: \_\_\_\_\_

Email Cindy.Vue@anadarko.com

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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_

**Director of COGCC**

Date: \_\_\_\_\_