


FORM 5A Rev 02/08	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table>	DE	ET	OE	ES																					
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COMPLETED INTERVAL REPORT			Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">400156302</div>																									
The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.																												
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Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																												
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____ Bridge Plug Depth: _____ Sacks cement on top: _____																												

FORMATION: <u>J SAND</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>03/07/2011</u>		Date of First Production this formation: <u>03/31/2011</u>			
Perforations	Top: <u>7954</u>	Bottom: <u>7980</u>	No. Holes: <u>38</u>	Hole size: <u>0.4</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
J S Perf 7954-7980 Holes 38 Size 0.40 Frac J-Sand down 4-1/2" Csg w/ 139,818 gal Slickwater w/ 150,000# 40/70, 4,000# SB Excel					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Test Information:					
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	GOR: _____
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Reason for Non-Production: _____					
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____					
Bridge Plug Depth: _____ Sacks cement on top: _____					

FORMATION: <u>NIOBRARA-CODELL</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>03/07/2011</u>		Date of First Production this formation: <u>03/31/2011</u>			
Perforations	Top: <u>7280</u>	Bottom: <u>7518</u>	No. Holes: <u>120</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
NB Perf 7280-7370 Holes 56 Size 0.42 CD Perf 7502-7518 Holes 64 Size 0.42 Frac Niobrara B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 248,054 gal Slickwater w/ 200,250# 40/70, 4,000# SB Excel Frac Codell down 4-1/2" Csg w/ 194,502 gal Slickwater w/ 115,000# 40/70, 4,000# SB Excel					
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Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____		
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Reason for Non-Production: _____					
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____					
Bridge Plug Depth: _____ Sacks cement on top: _____					

Comment: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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: 4/20/2011 Email Cindy.Vue@anadarko.com
:

Attachment Check List

Att Doc Num	Name
400156302	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)