


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;">400160170</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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Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>																												
<div style="border: 1px solid black; padding: 5px;"> TRIED TO FISH STUCK TUBING IN THE HOLE. END OF TUBING IS 7528'. LEFT TUBING LOOKING UP AT US AT 7360', AND HAD WASHED OVER THE OUTSIDE OF THE TUBING TO 7550' KB BEFORE IT PROVED UNECONOMIC TO CONTINUE OPERATIONS. (HOLE SIZE NOT AVAILABLE). </div>																												
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																												
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Reason for Non-Production:																												
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Date formation Abandoned: <u>03/17/2011</u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____																												
Bridge Plug Depth: _____ Sacks cement on top: _____																												
Comment: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>																												

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: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: 4/28/2011 Email CARA.MAHLER@ANADARKO.COM
:

Attachment Check List

Att Doc Num	Name
400160170	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)