

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



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Document Number:

2509151

COMPLETED INTERVAL REPORT

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.

1. OGCC Operator Number: 100322 4. Contact Name: JENNIFER BARNETT
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4342
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-125-11787-00 6. County: YUMA
7. Well Name: WITTE Well Number: 33-1B
8. Location: QtrQtr: NWSE Section: 1 Township: 2S Range: 45W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 04/30/2010 Date of First Production this formation: 05/25/2010
Perforations Top: 2134 Bottom: 2168 No. Holes: 102 Hole size: 45/100
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
FRAC: 500 GALS 7.5% HCL ACID BREAKDOWN, 10,000 GALS 30% CO2 FOAM GEL PADS, 32,655 GALS 30% CO2 FOAM GEL, CARRYING 50,020 LBS 16/30 DANIELS SAND & 50,000 LBS 12/20 DANIELS SAND, AVG PSI: 827 PSI, AVG. FL. RATE: 15.0 BPM.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 05/25/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 85 Bbls H2O: 0
Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 85 Bbls H2O: 0 GOR: _____
Test Method: FLOWING Casing PSI: 241 Tubing PSI: _____ Choke Size: 50/100
Gas Disposition: SOLD Gas Type: WET BTU Gas: 990 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: JENNIFER BARNETT

Title: REGULATORY ANALYST Date: 5/26/2010 Email JBARNETT@NOBLEENERGYINC.COM

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: David S. Neslin Director of COGCC Date: 10/29/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2509151	FORM 5A SUBMITTED	LF@2514703 2509151

Total Attach: 1 Files