

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:

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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: Justin Garrett
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-30550-00 6. County: WELD
7. Well Name: KOHLHOFF USX AB Well Number: 21-05P
8. Location: QtrQtr: SWNW Section: 21 Township: 7N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/19/2010 Date of First Production this formation: 08/23/2010
Perforations Top: 6895 Bottom: 7202 No. Holes: 100 Hole size:

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

Niobrara and Codell are commingled
Codell producing through composite flow through plug
Codell 7189'-7202', 52 holes, .38"
Frac'd Codell w/139098 gals Silverstim, Acid, and Slick Water with 270700 lbs Ottawa sand
Niobrara 6895'-6907', 48 holes, .73"
Frac'd Niobrara w/173929 gals Silverstim, Acid, and Slick Water with 249920 lbs Ottawa sand

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 08/24/2010 Hours: 24 Bbls oil: 33 Mcf Gas: 0 Bbls H2O: 222
Calculated 24 hour rate: Bbls oil: 33 Mcf Gas: 0 Bbls H2O: 222 GOR: 0
Test Method: Flowing Casing PSI: 210 Tubing PSI: 0 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1284 API Gravity Oil: 39
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: Justin Garrett

Title: Regulatory Specialist Date: _____ Email JDGarrett@nobleenergyinc.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: _____