

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



DE	ET	OE	ES
----	----	----	----

Document Number:

2509179

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: ANDREA RAWSON
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-18151-00 6. County: WELD
7. Well Name: STATE C Well Number: 36-414
8. Location: QtrQtr: NWNW Section: 36 Township: 4N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 07/30/2009 Date of First Production this formation: 07/31/2009
Perforations Top: 6620 Bottom: 6706 No. Holes: 120 Hole size: 41/100
Provide a brief summary of the formation treatment: Open Hole: ☐
FRAC'D NIOBRARA W/167,664 GALS OF SLICKWATER, VISTAR, AND 15% HCL WITH 238,788#'S OF OTTAWA SAND.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 08/14/2009 Hours: 24 Bbls oil: 15 Mcf Gas: 74 Bbls H2O: 2
Calculated 24 hour rate: Bbls oil: 15 Mcf Gas: 74 Bbls H2O: 2 GOR: 4933
Test Method: FLOWING Casing PSI: 200 Tubing PSI: 0 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1210 API Gravity Oil: 54
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: ANDREA RAWSON
Title: REGULATORY Date: 6/21/2010 Email ARAWSON@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: 12/2/2010

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	OK to prod nbbr	12/2/2010 8:10:50 AM
Permit	holding for prod tech comments	12/1/2010 9:32:13 AM

Total: 2 comment(s)