



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.

Document Number:

2584653

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 05-123-30717-00

6. County: WELD

7. Well Name: BVW

Well Number: 1161-3113

8. Location: QtrQtr: SWNE Section: 31 Township: 11N Range: 61W Meridian: 6

9. Field Name: GROVER Field Code: 33380

Completed Interval

FORMATION: J SAND

Status: PRODUCING

Treatment Date: 04/07/2010

Date of First Production this formation: 04/26/2010

Perforations	Top:	7574	Bottom:	7597	No. Holes:	80	Hole size:	38/100
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Provide a brief summary of the formation treatment:

Open Hole:

FRAC'D J-SAND W/179634 GALS SILVERSTIM AND SLICKWATER WITH 372025 LBS OTTAWA SAND.

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

Test Information:

Date:	05/04/2010	Hours:	24	Bbbs oil:	47	Mcf Gas:	1	Bbbs H2O:	147
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Calculated 24 hour rate:	Bbls oil:	47	Mcf Gas:	1	Bbls H2O:	147	GOR:	21
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Test Method: FLOWING	Casing PSI: 73	Tubing PSI: 175	Choke Size:
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1364	API Gravity Oil:	42
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Tubing Size: 2 + 7/8 Tubing Setting Depth: 7499 Tbg setting date: 04/09/2010 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 Date: 10/11/2010 Email JDGARRETT@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 G. Neslin Director of COGCC Date: 1/12/2011

Attachment Check List

Att Doc Num	Name
2584653	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Waiting on JSAND top	1/11/2011 3:08:31 PM

Total: 1 comment(s)