

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:

400109021

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: Eileen Roberts
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-31743-00 6. County: WELD
7. Well Name: WILSON PC GQ Well Number: 02-04
8. Location: QtrQtr: NWNW Section: 2 Township: 10N Range: 61W Meridian: 6
9. Field Name: GROVER Field Code: 33380

Completed Interval

FORMATION: J SAND Status: PRODUCING
Treatment Date: 09/21/2010 Date of First Production this formation: 10/06/2010
Perforations Top: 7458 Bottom: 7470 No. Holes: 48 Hole size: 38
Provide a brief summary of the formation treatment: Open Hole: ☐
Frac'd J-Sand w/ 97440 gals of Vistar and Slick Water with 182,823#'s of Ottawa sand.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 10/08/2010 Hours: 24 Bbls oil: 8 Mcf Gas: 31 Bbls H2O: 85
Calculated 24 hour rate: Bbls oil: 8 Mcf Gas: 31 Bbls H2O: 85 GOR: 3875
Test Method: FLOWING Casing PSI: 83 Tubing PSI: 170 Choke Size: 0
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1314 API Gravity Oil: 48
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: Eileen Roberts
Title: Regulatory Specialist Date: 11/16/2010 Email: eroberts@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: 1/18/2011

Attachment Check List

Att Doc Num	Name
400109021	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)