

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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COMPLETED INTERVAL REPORT

Document Number:

400117508

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  
2. Name of Operator:  
3. Address:  
City: State: CO Zip: 80202  
4. Contact Name: Justin Garrett  
Phone: (303) 228-4449  
Fax: (303) 228-4286

5. API Number 05-123-30924-00  
6. County: WELD  
7. Well Name: Boulter G Well Number: 22-31D  
8. Location: QtrQtr: SENE Section: 21 Township: 4N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 11/19/2010 Date of First Production this formation: 11/20/2010

Perforations Top: 6994 Bottom: 7301 No. Holes: 136 Hole size:

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

Codell & Niobrara are commingled  
Both the Niobrara and the Codell are each producing through composite flow through plugs  
Codell 7285'-7301', 64 holes, .41"  
Frac'd Codell w/116071 gals Silverstim and Acid with 244240 lbs Ottawa sand  
Niobrara 6994'-7180', 72 holes, .73"  
Frac'd Niobrara w/271761 gals Silverstim & Acid with 398220 lbs Ottawa sand

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 11/24/2010 Hours: 24 Bbls oil: 52 Mcf Gas: 613 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 52 Mcf Gas: 613 Bbls H2O: 0 GOR: 11788

Test Method: Flowing Casing PSI: 1000 Tubing PSI: 0 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1293 API Gravity Oil: 61

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: 12/16/2010 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: *David S. Neslin* Director of COGCC Date: 2/10/2011

**Attachment Check List**

Att Doc Num	Name
400117508	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

**User Group**      **Comment**      **Comment Date**

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

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