

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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| DE | ET | OE | ES |
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Document Number:

400151110

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 05-123-15289-00

6. County: WELD

7. Well Name: CLIFFORD

Well Number: L3-6

8. Location: QtrQtr: SENW Section: 3 Township: 3N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL

Status: PRODUCING

Treatment Date: 01/25/2011

Date of First Production this formation: 11/09/1991

| | | | | | | | |
|--------------|------|------|---------|------|------------|-----|------------|
| Perforations | Top: | 7308 | Bottom: | 7323 | No. Holes: | 105 | Hole size: |
|--------------|------|------|---------|------|------------|-----|------------|

Provide a brief summary of the formation treatment:

Open Hole:

Codell trifrac

Frac'd Codell w/128508 gals Vistar and Slick Water with 242540 lbs Ottawa sand

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

Test Information:

| | | | | | | | | | |
|-------|------------|--------|----|-----------|---|----------|----|-----------|---|
| Date: | 03/11/2011 | Hours: | 24 | Bbls oil: | 3 | Mcf Gas: | 78 | Bbls H2O: | 2 |
|-------|------------|--------|----|-----------|---|----------|----|-----------|---|

| | | | | | | | | |
|--------------------------|-----------|---|----------|----|-----------|---|------|-------|
| Calculated 24 hour rate: | Bbls oil: | 3 | Mcf Gas: | 78 | Bbls H2O: | 2 | GOR: | 26000 |
|--------------------------|-----------|---|----------|----|-----------|---|------|-------|

| | | | |
|----------------------|-----------------|-----------------|-------------------|
| Test Method: Flowing | Casing PSI: 360 | Tubing PSI: 360 | Choke Size: 48/64 |
|----------------------|-----------------|-----------------|-------------------|

| | | | | | | | |
|------------------|------|-----------|-----|----------|------|------------------|----|
| Gas Disposition: | SOLD | Gas Type: | WET | BTU Gas: | 1252 | API Gravity Oil: | 61 |
|------------------|------|-----------|-----|----------|------|------------------|----|

| | | | | | | |
|--------------|------|-----------------------|------|-------------------|------------|---------------|
| Tubing Size: | 1.66 | Tubing Setting Depth: | 7271 | Tbg setting date: | 01/31/2011 | 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

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: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| | |

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)