

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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Document Number:

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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 05-123-26033-00 6. County: WELD
7. Well Name: CERVI-USX CC Well Number: 27-11
8. Location: QtrQtr: NESW Section: 27 Township: 4N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: PRODUCING
Treatment Date: 01/11/2008 Date of First Production this formation: 01/11/2011
Perforations Top: 7176 Bottom: 7206 No. Holes: 68 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole: ☐
Frac'd J-Sand w/ 139734 gals of Silverstim and Slick Water with 435,120#s of Ottawa sand.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 01/11/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 157 Bbls H2O: 64
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 157 Bbls H2O: 64 GOR: 0
Test Method: FLOWING Casing PSI: 1450 Tubing PSI: 550 Choke Size: 010/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1153 API Gravity Oil: 39
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: _____ 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: _____ 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)