



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:

400164211

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 05-123-17625-00

6. County: WELD

7. Well Name: BACKUS

Well Number: 4-16

8. Location: QtrQtr: SESE Section: 4 Township: 4N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 02/08/2011

Date of First Production this formation: 12/30/1993

Perforations	Top:	6786	Bottom:	7118	No. Holes:	207	Hole size:
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Provide a brief summary of the formation treatment:

Open Hole:

Niobrara and Codell commingled after Niobrara refrac 12/6/2010; Sand plug removed from Codell 2/8/2011.
Codell 7104'-7118', 65 holes
Niobrara 6786'-6918', 142 holes

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

Test Information:

Date:	02/14/2011	Hours:	24	Bbls oil:	15	Mcf Gas:	225	Bbls H2O:	16
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Calculated 24 hour rate:	Bbls oil:	15	Mcf Gas:	225	Bbls H2O:	16	GOR:	15000
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Test Method: Flowing	Casing PSI: 750	Tubing PSI: 650	Choke Size: 34/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1265	API Gravity Oil:	61
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Tubing Size: 2 + 1/16 Tubing Setting Depth: 7080 Tbg setting date: 02/08/2011 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

User Group	Comment	Comment Date

Total: 0 comment(s)