

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:

400166782

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 05-123-32356-00 6. County: WELD
7. Well Name: Beaman Well Number: G34-99HZ
8. Location: QtrQtr: NENE Section: 34 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 12/16/2010 Date of First Production this formation: 12/21/2010
Perforations Top: 6168 Bottom: 6170 No. Holes: 1 Hole size:
Provide a brief summary of the formation treatment: Open Hole: ☐
Horizontal well
Frac'd Niobrara w/3786555 gals Silverstim and Slick Water with 4589060 lbs Ottawa sand
6143=length of lateral
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 12/30/2010 Hours: 24 Bbls oil: 240 Mcf Gas: 2875 Bbls H2O: 334
Calculated 24 hour rate: Bbls oil: 240 Mcf Gas: 2875 Bbls H2O: 334 GOR: 11979
Test Method: Flowing Casing PSI: 2200 Tubing PSI: 0 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1251 API Gravity Oil: 60
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: 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)