

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:  
400140773

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  
2. Name of Operator: NOBLE ENERGY INC  
3. Address: 1625 BROADWAY STE 2200  
City: DENVER State: CO Zip: 80202  
4. Contact Name: Eileen Roberts  
Phone: (303) 2284330  
Fax: (303) 2284286

5. API Number 05-123-25866-00  
6. County: WELD  
7. Well Name: FRAZIER  
Well Number: 33-15  
8. Location: QtrQtr: SENE Section: 33 Township: 4N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 12/15/2010 Date of First Production this formation: 01/14/2011  
Perforations Top: 6863 Bottom: 7158 No. Holes: 132 Hole size: 0

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

Frac'd Niobrara-Codell w/ 405794 gals of Silverstim and Slick Water with 669,300#'s of Ottawa sand.  
The Niobrara and Codell are producing through two Composite Flow Through Plugs.  
Commingle the Niobrara and Codell.

This formation is commingled with another formation:  Yes  No

Test Information:  
Date: 01/21/2011 Hours: 24 Bbls oil: 50 Mcf Gas: 818 Bbls H2O: 30  
Calculated 24 hour rate: Bbls oil: 50 Mcf Gas: 818 Bbls H2O: 30 GOR: 16360  
Test Method: FLOWING Casing PSI: 1350 Tubing PSI: 0 Choke Size: 012/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1260 API Gravity Oil: 37  
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: 3/9/2011 Email eroberts@nobleenergyinc.com  
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**Attachment Check List**

Att Doc Num	Name
400140773	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

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