

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:

400170912

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: Justin Garrett
Phone: (303) 228-4449
Fax: (303) 228-4286

5. API Number 05-123-17044-00
6. County: WELD
7. Well Name: STEWART
Well Number: 7-11G
8. Location: QtrQtr: NWSW Section: 7 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>03/10/2011</u>	Date of First Production this formation: _____
Perforations Top: <u>7377</u> Bottom: <u>7392</u>	No. Holes: <u>80</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Codell trfrac Frac'd Codell w/128861 gals Vistar and Slick Water with 245000 lbs Ottawa sand	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: _____ Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate:	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____	Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production: _____ _____	
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: _____	Sacks cement on top: _____

FORMATION: NIOBARRA-CODELL Status: PRODUCING

Treatment Date: 03/10/2011 Date of First Production this formation: _____

Perforations Top: 7078 Bottom: 7392 No. Holes: 102 Hole size: _____

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

Codell & Niobrara are commingled
Codell trfrac; nothing new happened in Niobrara

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

Test Information:

Date: 04/21/2011 Hours: 24 Bbls oil: 1 Mcf Gas: 35 Bbls H2O: 1

Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 35 Bbls H2O: 1 GOR: 35000

Test Method: Flowing Casing PSI: 0 Tubing PSI: 0 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1238 API Gravity Oil: 0

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: 6/2/2011 Email JDGarrett@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400170912	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)