

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:

400148966

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: Andrea Rawson
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-32374-00 6. County: WELD
7. Well Name: Purcell PC Well Number: GK11-10
8. Location: QtrQtr: NWSE Section: 11 Township: 11N Range: 61W Meridian: 6
9. Field Name: GROVER Field Code: 33380

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 01/31/2011 Date of First Production this formation: 02/10/2011
Perforations Top: 7650 Bottom: 7666 No. Holes: 64 Hole size: 41

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

Frac'd J-Sand with 64,305 gals of Slick Water and Vistar with 93,880#'s of Ottawa sand.

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

Test Information:

Date: 02/18/2011 Hours: 24 Bbls oil: 20 Mcf Gas: 4 Bbls H2O: 70
Calculated 24 hour rate: Bbls oil: 20 Mcf Gas: 4 Bbls H2O: 70 GOR: 200
Test Method: Flowing Casing PSI: 106 Tubing PSI: 110 Choke Size: 0
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1256 API Gravity Oil: 57
Tubing Size: 2 + 7/8 Tubing Setting Depth: 7605 Tbg setting date: 02/07/2011 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: Andrea Rawson

Title: Regulatory Specialist Date: 3/31/2011 Email arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400148966	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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