

**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:

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

5. API Number 05-123-32412-00 6. County: WELD  
7. Well Name: ARISTOCRAT PC H Well Number: 11-18D  
8. Location: QtrQtr: SENW Section: 11 Township: 3N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

**Completed Interval**

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>05/11/2011</u>	Date of First Production this formation: <u>06/07/2011</u>
Perforations Top: <u>6918</u> Bottom: <u>7207</u>	No. Holes: <u>104</u> Hole size: <u>0</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Frac'd Niobrara-Codell w/ 273908 gals of Vistar and Slick Water with 493,780#'s of Ottawa sand.	
The Codell is producing through a Composite Flow Through Plug.	
Commingling the Niobrara and Codell.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>06/10/2011</u> Hours: <u>24</u> Bbls oil: <u>44</u> Mcf Gas: <u>494</u> Bbls H2O: <u>27</u>	
Calculated 24 hour rate: Bbls oil: <u>44</u> Mcf Gas: <u>494</u> Bbls H2O: <u>27</u> GOR: <u>11227</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1450</u> Tubing PSI: <u>0</u> Choke Size: <u>010/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1314</u> API Gravity Oil: <u>58</u>	
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: _____	

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 RobertsTitle: Regulatory Specialist Date: \_\_\_\_\_ Email: eroberts@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)