

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 05-123-32394-00 6. County: WELD
7. Well Name: ARISTOCRAT PC Well Number: H11-07
8. Location: QtrQtr: SWNE Section: 11 Township: 3N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>GREENHORN</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>04/01/2011</u>	Date of First Production this formation: <u>04/08/2011</u>
Perforations Top: <u>7345</u> Bottom: <u>7362</u>	No. Holes: <u>68</u> Hole size: <u>0.41</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Frac'd Greenhorn w/ 113968 gals of pHaserFrac 20 and 26 and Slick Water with 95,947#'s of Ottawa sand.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>04/08/2011</u> Hours: <u>1</u> Bbls oil: <u>1</u> Mcf Gas: <u>19</u> Bbls H2O: <u>1</u>	
Calculated 24 hour rate:	Bbls oil: <u>1</u> Mcf Gas: <u>19</u> Bbls H2O: <u>1</u> GOR: <u>19000</u>
Test Method: <u>FLOWING</u> Casing PSI: <u>500</u> Tubing PSI: <u>480</u> Choke Size: <u>030/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1256</u> API Gravity Oil: <u>64</u>	
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
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 Roberts
Title: 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)