

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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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: GREENHORN Status: PRODUCING

Treatment Date: 04/01/2011 Date of First Production this formation: 04/08/2011

Perforations Top: 7345 Bottom: 7362 No. Holes: 68 Hole size: 0.41

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

Frac'd Greenhorn w/ 113968 gals of pHaserFrac 20 and 26 and Slick Water with 95,947#'s of Ottawa sand.

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/08/2011 Hours: 1 Bbls oil: 1 Mcf Gas: 19 Bbls H2O: 1

Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 19 Bbls H2O: 1 GOR: 19000

Test Method: FLOWING Casing PSI: 500 Tubing PSI: 480 Choke Size: 030/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1256 API Gravity Oil: 64

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: _____ 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)