

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:  
400199292

### 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: Eileen Roberts  
Phone: (303) 2284330  
Fax: (303) 2284286

5. API Number 05-123-32544-00  
6. County: WELD  
7. Well Name: DECHANT STATE  
Well Number: H36-20D  
8. Location: QtrQtr: NWSW Section: 36 Township: 3N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

### Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 06/15/2011 Date of First Production this formation: 06/18/2011  
Perforations Top: 7684 Bottom: 7700 No. Holes: 64 Hole size: 0.41

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

Frac'd the J-Sand w/ 146638 gals of Silverstim and Slick Water with 281,000#'s of Ottawa sand.

The J-Sand is producing through a Composite Flow Through Plug.

This formation is commingled with another formation:  Yes  No

#### Test Information:

Date: 06/24/2011 Hours: 24 Bbls oil: 35 Mcf Gas: 280 Bbls H2O: 43  
Calculated 24 hour rate: Bbls oil: 35 Mcf Gas: 280 Bbls H2O: 43 GOR: 8000  
Test Method: FLOWING Casing PSI: 400 Tubing PSI: 0 Choke Size: 014/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1190 API Gravity Oil: 49  
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: \_\_\_\_\_

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/15/2011 Date of First Production this formation: 06/18/2011  
Perforations Top: 6997 Bottom: 7258 No. Holes: 100 Hole size: 0

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

Frac'd the Niobrara-Codell w/ 283080 gals of Silverstim and Slick Water with 493000#'s of Ottawa sand.

The Codell is producing through a Composite Flow Through Plug.

Commingle the Niobrara and Codell.

This formation is commingled with another formation:  Yes  No

#### Test Information:

Date: 06/24/2011 Hours: 24 Bbls oil: 35 Mcf Gas: 280 Bbls H2O: 43  
Calculated 24 hour rate: Bbls oil: 35 Mcf Gas: 280 Bbls H2O: 43 GOR: 8000  
Test Method: FLOWING Casing PSI: 400 Tubing PSI: 0 Choke Size: 014/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1190 API Gravity Oil: 49  
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**

**User Group**      **Comment**      **Comment Date**

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

Total: 0 comment(s)