

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:

400202156

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: Justin Garrett

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4449

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-15599-00

6. County: WELD

7. Well Name: SHAFTO

Well Number: J27-9

8. Location: QtrQtr: NESE Section: 27 Township: 5N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL

Status: PRODUCING

Treatment Date: 04/08/2011

Date of First Production this formation: 06/03/1992

Perforations	Top:	7248	Bottom:	7266	No. Holes:	128	Hole size:
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Provide a brief summary of the formation treatment:

Open Hole:

Codell trfrac
Frac'd Codell w/125916 gals Vistar with 245640 lbs Ottawa sand

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

Test Information:

Date:	05/20/2011	Hours:	24	Bbls oil:	5	Mcf Gas:	178	Bbls H2O:	3
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Calculated 24 hour rate:	Bbls oil:	5	Mcf Gas:	178	Bbls H2O:	3	GOR:	35600
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Test Method: Flowing	Casing PSI: 630	Tubing PSI: 625	Choke Size: 34/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1277	API Gravity Oil:	58
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Tubing Size:	1.66	Tubing Setting Depth:	7220	Tbg setting date:	04/13/2011	Packer Depth:
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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: Justin Garrett

Title: Regulatory Specialist Date: 9/1/2011 Email JDGarrett@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400202156	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)