

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:

400202929

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: Andrea Rawson
Phone: (303) 228-4253
Fax: (303) 228-4286

5. API Number 05-123-11324-00
6. County: WELD
7. Well Name: KNAUS, D.
Well Number: 1-28
8. Location: QtrQtr: NENE Section: 28 Township: 6N Range: 66W Meridian: 6
9. Field Name: BRACEWELL Field Code: 7487

Completed Interval

FORMATION: CODELL Status: PRODUCING
Treatment Date: 04/29/2011 Date of First Production this formation: 06/13/2011
Perforations Top: 7113 Bottom: 7128 No. Holes: 64 Hole size:
Provide a brief summary of the formation treatment: Open Hole: ☐
Tri-Frac'd Codell w/ 129,083 gals of Slick Water and Vistar with 245,360#'s of Ottawa sand.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 06/17/2011 Hours: 24 Bbls oil: 5 Mcf Gas: 83 Bbls H2O: 2
Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 83 Bbls H2O: 2 GOR: 16600
Test Method: Flowing Casing PSI: 500 Tubing PSI: 450 Choke Size: 48
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1327 API Gravity Oil: 57
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7094 Tbg setting date: 05/04/2011 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: Andrea Rawson
Title: Regulatory Specialist Date: Email arawson@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> |
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Total: 0 comment(s)