

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:

400209558

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.

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|---------------------------------------|---------------------------------|
| 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 | |

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|---|---------------------|
| 5. API Number 05-123-33389-00 | 6. County: WELD |
| 7. Well Name: PVA | Well Number: X31-16 |
| 8. Location: QtrQtr: SESE Section: 31 Township: 2N Range: 65W Meridian: 6 | |
| 9. Field Name: WATTENBERG | Field Code: 90750 |

Completed Interval

FORMATION: J SANDStatus: PRODUCINGTreatment Date: 07/06/2011Date of First Production this formation: 07/11/2011Perforations Top: 7803 Bottom: 7858 No. Holes: 80 Hole size: 0.41

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd J-Sand w/ 149893 gals of Silverstim and Slick Water with 270,500#'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: 07/15/2011 Hours: 24 Bbls oil: 44 Mcf Gas: 81 Bbls H2O: 46Calculated 24 hour rate: Bbls oil: 44 Mcf Gas: 81 Bbls H2O: 46 GOR: 1840Test Method: FLOWING Casing PSI: 890 Tubing PSI: 0 Choke Size: 010/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1275 API Gravity Oil: 50

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-CODELLStatus: PRODUCINGTreatment Date: 07/06/2011Date of First Production this formation: 07/11/2011Perforations Top: 7127 Bottom: 7394 No. Holes: 112 Hole size: 0

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd Niobrara-Codell w/ 278351 gals of Silverstim and Slick Water with 494,000#'s of Ottawa sand.

The Codell is producing through a Composite Flow Through Plug.

Commingled the Niobrara and Codell.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 07/15/2011 Hours: 24 Bbls oil: 44 Mcf Gas: 81 Bbls H2O: 46Calculated 24 hour rate: Bbls oil: 44 Mcf Gas: 81 Bbls H2O: 46 GOR: 1840Test Method: FLOWING Casing PSI: 890 Tubing PSI: 0 Choke Size: 010/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1275 API Gravity Oil: 50

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> |
|--------------------------|-----------------------|----------------------------|
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Total: 0 comment(s)