

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



DE ET OE ES

Document Number:  
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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  
2. Name of Operator: NOBLE ENERGY INC  
3. Address: 1625 BROADWAY STE 2200  
City: DENVER State: CO Zip: 80202  
4. Contact Name: Justin Garrett  
Phone: (303) 228-4449  
Fax: (303) 228-4286

5. API Number: 05-123-31344-00  
6. County: WELD  
7. Well Name: STROHAUER F  
Well Number: 32-23  
8. Location: QtrQtr: SWSE Section: 32 Township: 5N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/07/2011 Date of First Production this formation: 01/08/2011

Perforations Top: 6782 Bottom: 7102 No. Holes: 128 Hole size:

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

Codell & Niobrara are commingled; the Codell is producing through 2 composite flow through plugs & the Niobrara is producing through one composite flow through plug  
Codell 7088'-7102', 56 holes, .41"  
Frac'd Codell w/134575 gals Silverstim, 15% HCl, and Slick Water with 270500 lbs Ottawa sand  
Niobrara 6782'-6992', 72 holes, .73"  
Frac'd Niobrara w/283267 gals Silverstim, 15% HCl, and Slick Water with 400200 lbs Ottawa sand

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 01/12/2011 Hours: 24 Bbls oil: 31 Mcf Gas: 450 Bbls H2O: 27

Calculated 24 hour rate: Bbls oil: 31 Mcf Gas: 450 Bbls H2O: 27 GOR: 14516

Test Method: Flowing Casing PSI: 650 Tubing PSI: 0 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1243 API Gravity Oil: 60

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: Justin Garrett

Title: Regulatory Specialist Date: JDGarrett@nobleenergyinc.com

Email  
:

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**

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

Total: 0 comment(s)