

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
----	----	----	----

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.

Document Number:

400218647

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 05-123-17150-00
6. County: WELD
7. Well Name: DAVIS Well Number: 33-8
8. Location: QtrQtr: SENE Section: 33 Township: 6N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 07/09/2010

Date of First Production this formation: 08/23/2010

Perforations Top: 6880 Bottom: 7196 No. Holes: 184 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

Codell perfs 7185-7196. Tri-Frac'd Codell w/ 140,423 gals of Vistar with 243,520#s of Ottawa sand.
Commingled Codell and Niobrara.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 08/26/2010 Hours: 24 Bbls oil: 2 Mcf Gas: 90 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 90 Bbls H2O: 0 GOR: 45000

Test Method: Flowing Casing PSI: 598 Tubing PSI: 372 Choke Size: 16

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1254 API Gravity Oil: 61

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7161 Tbg setting date: 07/13/2010 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

Status: COMMINGLED

Treatment Date: 07/09/2010

Date of First Production this formation:

Perforations Top: 6880 Bottom: 7086 No. Holes: 164 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**

Date: Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: BTU Gas: API Gravity Oil:

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: 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>

Total: 0 comment(s)