

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:

400224233

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: <u>100322</u> | 4. Contact Name: <u>Eileen Roberts</u> |
| 2. Name of Operator: <u>NOBLE ENERGY INC</u> | Phone: <u>(303) 2284330</u> |
| 3. Address: <u>1625 BROADWAY STE 2200</u> | Fax: <u>(303) 2284286</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | |

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|--|---------------------------|
| 5. API Number <u>05-123-31108-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>CANNON W</u> | Well Number: <u>15-19</u> |
| 8. Location: QtrQtr: <u>NENW</u> Section: <u>15</u> Township: <u>2N</u> Range: <u>66W</u> Meridian: <u>6</u> | |
| 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u> | |

Completed Interval

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| FORMATION: <u>NIORARA-CODELL</u> | Status: <u>PRODUCING</u> |
| Treatment Date: <u>09/12/2011</u> | Date of First Production this formation: <u>09/15/2011</u> |
| Perforations Top: <u>7249</u> Bottom: <u>7495</u> No. Holes: <u>112</u> Hole size: <u>0</u> | |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| Frac'd the Niobrara-Codell w/ 271807 gals of Silverstim and Slick Water with 492,780#'s of Ottawa sand. | |
| The Codell is producing through a Composite Flow Through Plug. | |
| Commingle the Codell and The Niobrara. | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | |
| Date: <u>09/23/2011</u> Hours: <u>24</u> Bbls oil: <u>45</u> Mcf Gas: <u>481</u> Bbls H2O: <u>80</u> | |
| Calculated 24 hour rate: Bbls oil: <u>45</u> Mcf Gas: <u>481</u> Bbls H2O: <u>80</u> GOR: <u>688</u> | |
| Test Method: <u>FLOWING</u> Casing PSI: <u>660</u> Tubing PSI: <u>0</u> Choke Size: <u>014/64</u> | |
| Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1302</u> API Gravity Oil: <u>52</u> | |
| Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____ | |
| Reason for Non-Production: _____ | |
| Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400224233 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| User Group | Comment | Comment Date |
|-------------------|----------------|---------------------|
| | | |

Total: 0 comment(s)