

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:

400229057

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 4. Contact Name: EILEEN ROBERTS
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4330
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-31094-00 6. County: WELD
7. Well Name: HP FARMS D Well Number: 32-24D
8. Location: QtrQtr: SESE Section: 32 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 08/27/2011 Date of First Production this formation: 09/03/2011
Perforations Top: 7095 Bottom: 7313 No. Holes: 80 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
FRAC'D NIOBRARA-CODELL W/275513 GALS OF SILVERSTIM AND SLICK WATER WITH 495,200#'S OF OTTAWA SAND. COMMINGLE THE NIOBRARA AND CODELL.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 09/09/2011 Hours: 22 Bbls oil: 92 Mcf Gas: 277 Bbls H2O: 30
Calculated 24 hour rate: _____ Bbls oil: 92 Mcf Gas: 277 Bbls H2O: 30 GOR: 3010
Test Method: FLOWING Casing PSI: 840 Tubing PSI: 0 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1267 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: REG SPEC Date: 12/5/2011 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
400229070	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)