

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:

400232005

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: <u>100322</u>	4. Contact Name: <u>Andrea Rawson</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4253</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-21515-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>BB DRAW H</u>	Well Number: <u>8-16</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>8</u> Township: <u>3N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL	Status: SHUT IN
-------------------	-----------------

Treatment Date: 06/14/2011	Date of First Production this formation:
----------------------------	--

Perforations Top: 7296	Bottom: 7309	No. Holes: 52	Hole size:
------------------------	--------------	---------------	------------

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

Codell under sand plug @ 7409.

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:

Will be commingled at a later date.

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:
--------------------	----------------------

FORMATION: NIOBRARA	Status: PRODUCING
---------------------	-------------------

Treatment Date: 06/14/2011	Date of First Production this formation: 06/17/2011
----------------------------	---

Perforations Top: 7020	Bottom: 7078	No. Holes: 48	Hole size: 0.73
------------------------	--------------	---------------	-----------------

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

Frac'd Niobrara w/ 170,943 gals of Slick Water, Vistar, and 15% HCl with 246,000#s of Ottawa sand.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 06/24/2011	Hours: 24	Bbls oil: 37	Mcf Gas: 374	Bbls H2O: 1
------------------	-----------	--------------	--------------	-------------

Calculated 24 hour rate:	Bbls oil: 37	Mcf Gas: 374	Bbls H2O: 1	GOR: 10108
--------------------------	--------------	--------------	-------------	------------

Test Method: Flowing	Casing PSI: 1100	Tubing PSI: 0	Choke Size: 12
----------------------	------------------	---------------	----------------

Gas Disposition: SOLD	Gas Type: WET	BTU Gas: 1115	API Gravity Oil: 62
-----------------------	---------------	---------------	---------------------

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: 12/13/2011 arawson@nobleenergyinc.com

Email
:

Attachment Check List

Att Doc Num	Name
400232005	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)