

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:

400240381

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) 2284330
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-32583-00 6. County: WELD
7. Well Name: FIVE RIVERS K Well Number: 08-17D
8. Location: QtrQtr: SENE Section: 8 Township: 4N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/08/2011 Date of First Production this formation: 09/10/2011
Perforations Top: 7037 Bottom: 7368 No. Holes: 112 Hole size: 0

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

Frac'd the Niobrara-Codell w/ 292011 gals of Silverstim and Slick Water with 489,335#'s of Ottawa sand.

The Codell is producing through a Composite Flow Through Plug.

Commingled the Niobrara and Codell.

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

Test Information:

Date: 09/16/2011 Hours: 24 Bbls oil: 13 Mcf Gas: 308 Bbls H2O: 16
Calculated 24 hour rate: Bbls oil: 13 Mcf Gas: 308 Bbls H2O: 16 GOR: 23692
Test Method: FLOWING Casing PSI: 840 Tubing PSI: 0 Choke Size: 010/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1278 API Gravity Oil: 59
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: Regulatory Specialist

Date: 1/12/2012

Email eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400240381	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)