

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:

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Date Received:

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 05-123-33442-00 6. County: WELD
7. Well Name: SATER Well Number: C24-79HN
8. Location: QtrQtr: SESE Section: 23 Township: 4N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>11/19/2011</u>	Date of First Production this formation: <u>12/12/2011</u>
Perforations Top: <u>7303</u> Bottom: <u>10515</u>	No. Holes: <u>0</u> Hole size: <u>0</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>	
<u>Frac'd the Niobrara w/ 2086509 gals of Silverstim and Slick Water with 3,039,000.0#'s of Ottawa sand.</u>	

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

Test Information:

Date: 12/30/2011 Hours: 19 Bbls oil: 207 Mcf Gas: 343 Bbls H2O: 150
Calculated 24 hour rate: Bbls oil: 207 Mcf Gas: 343 Bbls H2O: 150 GOR: 1657
Test Method: FLOWING Casing PSI: 1850 Tubing PSI: 1700 Choke Size: 012/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1262 API Gravity Oil: 52
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: _____ Email eroberts@nobleenergyinc.com

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)