

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:

400265811

Date Received:

03/28/2012

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

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: 3/28/2012 Email eroberts@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Name
400265811	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

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