

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 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 05-123-34336-00

6. County: WELD

7. Well Name: BURMAN C

Well Number: 05-22D

8. Location: QtrQtr: NESE Section: 5 Township: 4N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SANDStatus: PRODUCINGTreatment Date: 12/08/2011Date of First Production this formation: 12/12/2011Perforations Top: 7559 Bottom: 7588 No. Holes: 72 Hole size: 0.41

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd the J-Sand w/ 156954 gals of Silverstim and Slick Water 15% HCl with 479,540#'s of Ottawa sand.

The J-Sand is producing through a composite flow through plug.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 12/12/2011 Hours: 24 Bbls oil: 63 Mcf Gas: 190 Bbls H2O: 33Calculated 24 hour rate: Bbls oil: 63 Mcf Gas: 190 Bbls H2O: 33 GOR: 3015Test Method: FLOWING Casing PSI: 1000 Tubing PSI: 0 Choke Size: 012/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 55

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: _____

FORMATION: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 12/12/2011Date of First Production this formation: 12/16/2011Perforations Top: 6919 Bottom: 7114 No. Holes: 103 Hole size: 0

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd the Niobrara-Codell w/ 270564 gals of Silverstim and Slick Water 15% HCl with 479,540#'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: 12/16/2011 Hours: 24 Bbls oil: 63 Mcf Gas: 190 Bbls H2O: 33Calculated 24 hour rate: Bbls oil: 63 Mcf Gas: 190 Bbls H2O: 33 GOR: 3015Test Method: FLOWING Casing PSI: 1000 Tubing PSI: 0 Choke Size: 012/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 55

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

User Group	Comment	Comment Date

Total: 0 comment(s)