

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



DE ET OE ES

Document Number:

400287395

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

2. Name of Operator: NOBLE ENERGY INC

3. Address: 1625 BROADWAY STE 2200

City: DENVER State: CO Zip: 80202

4. Contact Name: Andrea Rawson

Phone: (303) 228-4253

Fax: (303) 228-4286

5. API Number 05-123-17741-00

7. Well Name: STATE

6. County: WELD

Well Number: 16-914

8. Location: QtrQtr: NESE Section: 16 Township: 4N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 02/12/2012

Date of First Production this formation: 03/22/2012

Perforations Top: 6832 Bottom: 6844 No. Holes: 48 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

Tri-Frac'd Codell w/ 119,464 gals of Slick water and Vistar with 246,865#'s of Ottawa sand.
No new peprs done to the Niobrara.

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

Test Information:

Date: 03/30/2012 Hours: 24 Bbls oil: 7 Mcf Gas: 70 Bbls H2O: 3

Calculated 24 hour rate: Bbls oil: 7 Mcf Gas: 70 Bbls H2O: 3 GOR: 10000

Test Method: Flowing Casing PSI: 400 Tubing PSI: 350 Choke Size: 32

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1297 API Gravity Oil: 57

Tubing Size: 2 + 1/16 Tubing Setting Depth: 6823 Tbg setting date: 02/16/2012 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:

Email: arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400287401	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)