

FORM 5A
Rev 06/12

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:
400262761
Date Received:
03/19/2012

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: Andrea Rawson
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4253
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-23255-00 6. County: WELD
 7. Well Name: STATE M Well Number: 36-5
 8. Location: QtrQtr: SWNW Section: 36 Township: 6N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: 11/15/2011 End Date: _____ Date of First Production this formation: 03/10/2006

Perforations Top: 7031 Bottom: 7048 No. Holes: 68 Hole size: _____

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

Re-Frac'd Codell w/ 132,628 gals of Slick Water and Vistar 24/25/26 with 248,555#'s of Ottawa sand.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Number of staged intervals: _____

Total acid used in treatment (bbl): _____ Max frac gradient (psi/ft): _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/06/2012 Hours: 24 Bbl oil: 1 Mcf Gas: 7 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 1 Mcf Gas: 7 Bbl H2O: 1 GOR: 7000

Test Method: Flowing Casing PSI: 361 Tubing PSI: 336 Choke Size: 48

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1310 API Gravity Oil: 54

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7015 Tbg setting date: 11/17/2011 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: 3/19/2012 Email arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400262761	FORM 5A SUBMITTED
400262765	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

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

Total: 0 comment(s)