

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: Tania McNutt
Phone: (303) 228-4392
Fax: (303) 228-4286

5. API Number 05-123-30804-00
6. County: WELD
7. Well Name: SATER C
Well Number: 23-28D
8. Location: QtrQtr: NWNE Section: 23 Township: 4N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type:
Treatment Date: 12/29/2011 End Date: Date of First Production this formation: 01/16/2012
Perforations Top: 6690 Bottom: 6897 No. Holes: 96 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: [ ]

Pumped 468,740 lbs of Ottawa Proppant and 271,559 gallons of 15% HCL and Slick Water and Silverstim.

The Codell is producing through a composite flow through plug

This formation is commingled with another formation: [ ] Yes [X] No

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Max frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
Rule 805 green completion techniques were utilized: [ ]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/20/2012 Hours: 10 Bbl oil: 40 Mcf Gas: 104 Bbl H2O: 22
Calculated 24 hour rate: Bbl oil: 40 Mcf Gas: 104 Bbl H2O: 22 GOR: 2600
Test Method: FLOWING Casing PSI: 1685 Tubing PSI: Choke Size: 10/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1209 API Gravity Oil: 53
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: \*\* Wireline and Cement Job Summary must be attached.

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Tania McNutt

Title: Regulatory Analyst Date: 5/14/2012 Email: tmcnutt@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Name
400277289	FORM 5A SUBMITTED

Total Attach: 1 Files

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

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