

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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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: Kathleen Mills
2. Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2226
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-24131-00 6. County: WELD
7. Well Name: Sater USX CC Well Number: 19-07
8. Location: QtrQtr: SWNE Section: 19 Township: 4N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/29/2011 End Date: 09/29/2011 Date of First Production this formation: 10/12/2011
Perforations Top: 7184 Bottom: 7230 No. Holes: 116 Hole size: 0.41

Provide a brief summary of the formation treatment: Open Hole: []

FRC'D W/157044 GAL VISTAR AND SLICK WATER, 17590# SB EXCEL AND 259072# OTTAWA SAND

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

Total fluid used in treatment (bbl): 3739 Max pressure during treatment (psi): 7183
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment: Min frac gradient (psi/ft): 0.58
Total acid used in treatment (bbl): Number of staged intervals: 10
Recycled water used in treatment (bbl): 298 Flowback volume recovered (bbl): 250
Fresh water used in treatment (bbl): 3441 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 27662 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/21/2011 Hours: 24 Bbl oil: 5 Mcf Gas: 220 Bbl H2O: 133
Calculated 24 hour rate: Bbl oil: 5 Mcf Gas: 220 Bbl H2O: 133 GOR: 44000
Test Method: FLOWING Casing PSI: 980 Tubing PSI: 480 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1335 API Gravity Oil: 50
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7166 Tbg setting date: 10/05/2011 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: ** 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: Kathleen Mills
Title: Regulatory Analyst Date: _____ Email: kmills@nobleenergyinc.com
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

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

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Total: 0 comment(s)