

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

Document Number:

400094595

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: Jennifer Barnett
Phone: (303) 228-4342
Fax: (303) 228-4286

5. API Number 05-125-11751-00
6. County: YUMA
7. Well Name: Witte
Well Number: 23-1B
8. Location: QtrQtr: NESW Section: 1 Township: 2S Range: 45W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 05/03/2010 Date of First Production this formation: 05/25/2010
Perforations Top: 2134 Bottom: 2168 No. Holes: 102 Hole size: 0.45
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
Frac: 500 gals 7.5% HCL acid breakdown, 10,000 glas 30% CO2 foam gel pads, 32,659 gals 30% CO2 foam gel, carrying 50,020 lbs 16/30 Daniels & 50,020 lbs 12/20 Daniels sand. Avg. Psi: 980 psi, Avg. FI. Rate: 16.7 bpm.

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

Test Information:

Date: 05/25/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 95 Bbls H2O: 0
Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 95 Bbls H2O: 0 GOR: _____
Test Method: Flowing Casing PSI: 270 Tubing PSI: _____ Choke Size: 0.5
Gas Disposition: SOLD Gas Type: WET BTU Gas: 990 API Gravity Oil: _____
Tubing Size: 2 + 3/8 Tubing Setting Depth: 2203 Tbg setting date: 08/03/2010 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: Jennifer Barnett

Title: Regulatory Analyst

Date: _____

Email jbarnett@nobleenergyinc.com

:

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

Director of COGCC

Date: _____