

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

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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 4. Contact Name: Jennifer Barnett  
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4342  
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
City: DENVER State: CO Zip: 80202

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. Fl. 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: \_\_\_\_\_