

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



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Document Number:

2509181

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 05-123-17403-00 6. County: WELD
7. Well Name: NORRIS D Well Number: 32-2J
8. Location: QtrQtr: NENW Section: 32 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBARRA-CODELL Status: PRODUCING
Treatment Date: 08/09/2007 Date of First Production this formation: 08/22/2007
Perforations Top: 6812 Bottom: 7066 No. Holes: 136 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
COMMINGLED CODELL AND NIOBARRA.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 08/31/2007 Hours: 24 Bbls oil: 5 Mcf Gas: 80 Bbls H2O: 5
Calculated 24 hour rate: _____ Bbls oil: 5 Mcf Gas: 80 Bbls H2O: 5 GOR: 16000
Test Method: FLOWING Casing PSI: 650 Tubing PSI: 550 Choke Size: 32/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1113 API Gravity Oil: 56
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7037 Tbg setting date: 08/14/2007 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 Date: 6/21/2010 Email: ARAWSON@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: _____

David G. Neslin
Director of COGCC

Date: 12/2/2010

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| | |

Total Attach: 0 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|--------------------------------|----------------------------|
| Permit | OK to prod from nbbr | 12/2/2010 8:08:38 AM |
| Permit | holding for prod tech comments | 12/1/2010 9:37:29 AM |

Total: 2 comment(s)