

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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| DE | ET | OE | ES |
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Document Number:

400099991

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: Justin Garrett
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-13113-00 6. County: WELD
7. Well Name: ALOYSIUS Well Number: 34-2
8. Location: QtrQtr: SESE Section: 34 Township: 4N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

| | | | | |
|--|-----------------------------|---|-----------------------------------|----------------------------|
| FORMATION: <u>CODELL</u> | | Status: <u>SHUT IN</u> | | |
| Treatment Date: <u>08/11/2010</u> | | Date of First Production this formation: <u>10/27/1986</u> | | |
| Perforations | Top: <u>6848</u> | Bottom: <u>6860</u> | No. Holes: <u>54</u> | Hole size: <u>42/100</u> |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | | |
| <div>Codell is under sand plug</div> | | | | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Test Information: | | | | |
| Date: _____ | Hours: _____ | Bbls oil: _____ | Mcf Gas: _____ | Bbls H2O: _____ |
| Calculated 24 hour rate: _____ | | Bbls oil: _____ | Mcf Gas: _____ | Bbls H2O: _____ GOR: _____ |
| Test Method: _____ | Casing PSI: _____ | Tubing PSI: _____ | Choke Size: _____ | |
| Gas Disposition: _____ | Gas Type: _____ | BTU Gas: _____ | API Gravity Oil: _____ | |
| Tubing Size: _____ | Tubing Setting Depth: _____ | Tbg setting date: _____ | Packer Depth: _____ | |
| Reason for Non-Production: _____ | | | | |
| <div>Sand plug 6693'-6919' set 8/11/10</div> | | | | |
| Date formation Abandoned: _____ | | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt _____ | |
| Bridge Plug Depth: _____ | | Sacks cement on top: _____ | | |

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: 10/27/1986

Perforations Top: 6578 Bottom: 6733 No. Holes: 74 Hole size: 73/100

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Niobrara Refrac
Frac'd Niobrara w/ 177450 gals pHaserFrac, Acid, and Slick Water with 256434 lbs Ottawa sand

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

Test Information:

Date: 09/03/2010 Hours: 24 Bbls oil: 32 Mcf Gas: 225 Bbls H2O: 13

Calculated 24 hour rate: _____ Bbls oil: 32 Mcf Gas: 225 Bbls H2O: 13 GOR: 7031

Test Method: Flowing Casing PSI: 400 Tubing PSI: 0 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1331 API Gravity Oil: 51

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: _____

Comment: _____

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

Signed: _____ Print Name: Justin Garrett

Title: Regulatory Specialist Date: 10/14/2010 Email: JDGarrett@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: 12/29/2010

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400099991 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)