

**FORM
5A**Rev
02/08State 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:

400126903

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 05-123-23743-00 6. County: WELD
7. Well Name: JOHNSTON UU Well Number: 24-13JI
8. Location: QtrQtr: SWSW Section: 24 Township: 1N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBARRA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>11/12/2010</u>		Date of First Production this formation: <u>12/08/2010</u>	
Perforations	Top: <u>7452</u>	Bottom: <u>7894</u>	No. Holes: <u>336</u> Hole size: <u></u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Codell perms 7876-7894. Re-Frac Codell w/ 134,039 gals of Slick Water and Vistar with 244,620#s of Ottawa sand. Commingled Codell and Niobrara.			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>12/17/2010</u>	Hours: <u>24</u>	Bbls oil: <u>2</u>	Mcf Gas: <u>4</u> Bbls H2O: <u>4</u>
Calculated 24 hour rate:		Bbls oil: <u>2</u>	Mcf Gas: <u>4</u> Bbls H2O: <u>4</u> GOR: <u>2000</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>555</u>	Tubing PSI: <u>295</u>	Choke Size: <u>32</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1185</u>	API Gravity Oil: <u>51</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7860</u>	Tbg setting date: <u>11/20/2010</u>	Packer Depth: <u></u>
Reason for Non-Production: <div></div>			
Date formation Abandoned: <u></u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>	

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 11/12/2010 Date of First Production this formation:

Perforations Top: 7452 Bottom: 7744 No. Holes: 264 Hole size: 0.42

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

This formation is commingled with another formation: ☒ Yes ☐ 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:

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 Specialist Date: 1/24/2011 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 S. Neslin Director of COGCC Date: 2/3/2011

Attachment Check List

Att Doc Num	Name
400126903	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)