

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:

2505064

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 05-125-11824-00

6. County: YUMA

7. Well Name: Witte

Well Number: 31-36

8. Location: QtrQtr: NWNE Section: 36 Township: 1S Range: 45W Meridian: 6

9. Field Name: VERNON Field Code: 86500

Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: 06/02/2010

Date of First Production this formation: 06/16/2010

Perforations	Top:	2178	Bottom:	2209	No. Holes:	93	Hole size:	45/100
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Provide a brief summary of the formation treatment:

Open Hole:

FRAC: 500 GALS 7.5% HCL ACID BREAKDOWN, 10,000 GALS 30% CO2 FOAM GEL PADS, 32,643 GALS 30% CO2 FOAM GEL, CARRYING 50,000 LBS 16/30 AZ & 50,000 LBS 12/20 DANIELS SAND, AVG PSI: 852 PSI, AVG. FL. RATE: 13.5 BPM.

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

Test Information:

Date:	06/16/2010	Hours:	24	Bbls oil:	0	Mcf Gas:	102	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	102	Bbls H2O:	0	GOR:
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Test Method: FLOWING	Casing PSI: 423	Tubing PSI:	Choke Size: 50/100
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	990	API Gravity Oil:	0
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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: JENNIFER BARNETT

Title: REGULATORY Date: 7/14/2010 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: _____

David S. Neslin

Director of COGCC

Date: 2/16/2011

Attachment Check List

Att Doc Num	Name
2505064	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)