

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:

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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: 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 05-123-30885-00 6. County: WELD
7. Well Name: STROH H Well Number: 12-32
8. Location: QtrQtr: SWNW Section: 12 Township: 3N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>02/25/2011</u>		Date of First Production this formation: <u>02/28/2011</u>		
Perforations	Top: <u>7591</u>	Bottom: <u>7616</u>	No. Holes: <u>48</u>	Hole size: <u></u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div>Frac'd J-Sand w/ 146,985 gals of Slick Water and Silverstim with 282,000#'s of Ottawa sand. J-sand producing through flow plug. Commingled codell, Niobrara, and J-Sand.</div>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Test Information:				
Date: <u>03/04/2011</u>	Hours: <u>24</u>	Bbls oil: <u>70</u>	Mcf Gas: <u>852</u>	Bbls H2O: <u>134</u>
Calculated 24 hour rate:		Bbls oil: <u>70</u>	Mcf Gas: <u>852</u>	Bbls H2O: <u>134</u> GOR: <u>12171</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1250</u>	Tubing PSI: <u>0</u>	Choke Size: <u>14</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1210</u>	API Gravity Oil: <u>54</u>	
Tubing Size: <u></u>	Tubing Setting Depth: <u></u>	Tbg setting date: <u></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-CODELL Status: PRODUCING

Treatment Date: 02/25/2011 Date of First Production this formation: 02/28/2011

Perforations Top: 6824 Bottom: 7114 No. Holes: 104 Hole size:

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

Niobrara perms 6824-6891 (48 holes). codell perms 7100-7114 (56 holes). Frac'd Niobrara and Codell w/ 270,940 gals of Slick Water, Silverstim, and 15% HCl with 495,540#s of Ottawa sa
Codell producing through flow plug.

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: 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: Director of COGCC Date:

Attachment Check List

Att Doc Num	Name
<u></u>	

Total Attach: Files

General Comments

User Group	Comment	Comment Date
<u></u>	<u></u>	<u></u>

Total: 0 comment(s)