

**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



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COMPLETED INTERVAL REPORT

Document Number:

400161643

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: Eileen Roberts
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-26005-00 6. County: WELD
7. Well Name: CERVI-USX CC Well Number: 15-9
8. Location: QtrQtr: NESE Section: 15 Township: 4N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed IntervalFORMATION: DAKOTA Status: PRODUCINGTreatment Date: 01/14/2008 Date of First Production this formation: 01/13/2011Perforations Top: 7322 Bottom: 7338 No. Holes: 64 Hole size: 0.42Provide a brief summary of the formation treatment: Open Hole: ☐

Frac'd Dakota w/27923 gals of Pergel III and Slick Water with 58,000#'s of Ottawa sand.

Amended 5a, status change to producing.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 01/18/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 29 Bbls H2O: 4Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 29 Bbls H2O: 4 GOR: 0Test Method: FLOWING Casing PSI: 1550 Tubing PSI: 1570 Choke Size: 010/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1000 API Gravity Oil: 47Tubing 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: Eileen Roberts

Title: Regulatory Specialist

Date: _____

Email eroberts@nobleenergyinc.com

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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

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)