

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



DE ET OE ES

Document Number:

400171422

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

5. API Number 05-123-32659-00  
6. County: WELD  
7. Well Name: RICHTER USX AB  
Well Number: 27-03  
8. Location: QtrQtr: NENW Section: 27 Township: 7N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING  
Treatment Date: 04/07/2011 Date of First Production this formation: 04/20/2011  
Perforations Top: 6823 Bottom: 7134 No. Holes: 96 Hole size: 0  
Provide a brief summary of the formation treatment: Open Hole:   
Frac'd Niobrara-Codell w/ 271167 gals of Silverstim and Slick Water with 495,000#'s of Ottawa sand.  
Commingle Niobrara and Codell.  
This formation is commingled with another formation:  Yes  No  
Test Information:  
Date: 04/20/2011 Hours: 24 Bbls oil: 247 Mcf Gas: 0 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 247 Mcf Gas: 0 Bbls H2O: 0 GOR: 0  
Test Method: FLOWING Casing PSI: 212 Tubing PSI: 240 Choke Size: 032/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 43 API Gravity Oil: 1280  
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: Eileen Roberts

Title: Regulatory Specialist Date: 6/3/2011 Email eroberts@nobleenergyinc.com  
:

### **Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 400171422   | FORM 5A SUBMITTED |

Total Attach: 1 Files

### **General Comments**

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