

**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:

400182821

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: 1003224. Contact Name: Eileen Roberts2. Name of Operator: NOBLE ENERGY INCPhone: (303) 22843303. Address: 1625 BROADWAY STE 2200Fax: (303) 2284286City: DENVER State: CO Zip: 802025. API Number 05-123-30846-006. County: WELD7. Well Name: Sater CCWell Number: 18-148. Location: QtrQtr: SESW Section: 18 Township: 4N Range: 63W Meridian: 69. Field Name: WATTENBERG Field Code: 90750Completed IntervalFORMATION: NIOBARRA-CODELLStatus: PRODUCINGTreatment Date: 04/08/2011Date of First Production this formation: 05/06/2011Perforations Top: 6491 Bottom: 6703 No. Holes: 100 Hole size: 0

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd Niobrara-Codell w/ 271164 gals of Silverstim and Slick Water with 494,000#'s of Ottawa sand.

Commingled the Niobrara and Codell.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 05/13/2011 Hours: 8 Bbls oil: 44 Mcf Gas: 75 Bbls H2O: 13Calculated 24 hour rate: Bbls oil: 44 Mcf Gas: 75 Bbls H2O: 13 GOR: 1704Test Method: FLOWING Casing PSI: 2380 Tubing PSI: 1550 Choke Size: 010/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1331 API Gravity Oil: 50

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: 7/7/2011

Email eroberts@nobleenergyinc.com
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Attachment Check List

Att Doc Num	Name
400182821	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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