

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:

400188912

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 05-123-32778-00  
6. County: WELD  
7. Well Name: EVERITT PC  
Well Number: GQ03-13  
8. Location: QtrQtr: SWSW Section: 3 Township: 10N Range: 61W Meridian: 6  
9. Field Name: GROVER Field Code: 33380

Completed Interval

FORMATION: J SAND	Status: PRODUCING
Treatment Date: 04/21/2011	Date of First Production this formation: 05/02/2011
Perforations Top: 7450 Bottom: 7462	No. Holes: 48 Hole size: 0.41
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
Frac'd J-Sand w/ 67450 gals of Silverstim and Slick Water w/ 75,500#'s of Ottawa sand.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: 05/13/2011 Hours: 24	Bbls oil: 6 Mcf Gas: 0 Bbls H2O: 47
Calculated 24 hour rate:	Bbls oil: 6 Mcf Gas: 0 Bbls H2O: 47 GOR: 0
Test Method: FLOWING	Casing PSI: 68 Tubing PSI: 91 Choke Size: 0
Gas Disposition: SOLD	Gas Type: WET BTU Gas: 1375 API Gravity Oil: 36
Tubing Size:	Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production:	
Date formation Abandoned: Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 7/25/2011 Email: eroberts@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Name
400188912	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)