

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: Justin Garrett
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-18189-00 6. County: WELD
 7. Well Name: SYLVESTER Well Number: 31-5H5
 8. Location: QtrQtr: SENW Section: 31 Township: 5N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/26/2011 Date of First Production this formation: 05/19/1994

Perforations Top: 7092 Bottom: 7434 No. Holes: 215 Hole size: _____

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

Codell & Niobrara are commingled
Codell trfrac; nothing new happened in Niobrara
Niobrara 7092'-7240', 158 holes
Codell 7424'-7434', 57 holes
Frac'd Codell w/129236 gals Vistar and Slick Water with 245500 lbs Ottawa sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/15/2011 Hours: 24 Bbls oil: 4 Mcf Gas: 120 Bbls H2O: 4

Calculated 24 hour rate: _____ Bbls oil: 4 Mcf Gas: 120 Bbls H2O: 4 GOR: 30000

Test Method: Flowing Casing PSI: 420 Tubing PSI: 350 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1234 API Gravity Oil: 64

Tubing Size: 2 + 1/16 Tubing Setting Depth: 7416 Tbg setting date: 06/02/2011 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: Justin Garrett

Title: Regulatory Specialist Date: _____ Email: JDGarrett@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

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)