

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:

400201986

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 05-123-09948-00

6. County: WELD

7. Well Name: HALLER

Well Number: 34-21

8. Location: QtrQtr: SWSE Section: 21 Township: 2N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: 04/28/2011

Date of First Production this formation: 05/09/2011

Perforations Top: 7002 Bottom: 7238 No. Holes: 112 Hole size: 70/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Codell & Niobrara are commingled
Niobrara recomple
Niobrara 7002'-7092', 64 holes, .70"
Frac'd Niobrara w/154518 gals Vistar, Acid, and Slick Water with 252072 lbs Ottawa sand
Codell 7226'-7238', 48 holes

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 05/20/2011 Hours: 24 Bbls oil: 7 Mcf Gas: 58 Bbls H2O: 8

Calculated 24 hour rate: Bbls oil: 7 Mcf Gas: 58 Bbls H2O: 8 GOR: 8286

Test Method: Flowing Casing PSI: 422 Tubing PSI: 363 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1222 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7211 Tbg setting date: 05/09/2011 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: 9/1/2011

Email: JDGarrett@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400201986	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)