

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: Andrea Rawson
2. Name of Operator: NOBLE ENERGY INC	Phone: (303) 228-4253
3. Address: 1625 BROADWAY STE 2200	Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202	

5. API Number 05-123-18190-00	6. County: WELD
7. Well Name: SYLVESTER	Well Number: 31-6H5
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: 06/14/2011

Date of First Production this formation: 07/27/2011

Perforations Top: 6784 Bottom: 7109 No. Holes: 160 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

Codell perfs 7097-7109. Tri-Frac Codell w/ 128,223 gals of Slick Water and Vistar with 245,440#'s of Ottawa sand.
Commingle Codell and Niobrara.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 08/05/2011 Hours: 24 Bbls oil: 12 Mcf Gas: 338 Bbls H2O: 4

Calculated 24 hour rate: Bbls oil: 12 Mcf Gas: 338 Bbls H2O: 4 GOR: 28166

Test Method: Flowing Casing PSI: 500 Tubing PSI: 400 Choke Size: 24

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1269 API Gravity Oil: 51

Tubing Size: 2 + 1/16 Tubing Setting Depth: 7070 Tbg setting date: 06/20/2011 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:

FORMATION: NIOBRARA

Status: COMMINGLED

Treatment Date: 06/14/2011

Date of First Production this formation:

Perforations Top: 6784 Bottom: 6926 No. Holes: 136 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**

Date: Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: BTU Gas: API Gravity Oil:

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: Andrea Rawson

Title: Regulatory Specialist Date: Email: arawson@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)