

FORM
5A

Rev
02/08

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109

State of Colorado

Oil and Gas Conservation Commission



DE	ET	OE	ES
----	----	----	----

Document Number:
400209955

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 05-123-23863-00 6. County: WELD
 7. Well Name: PIONEER Well Number: 22-7
 8. Location: QtrQtr: SENW Section: 7 Township: 2N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 07/27/2011 Date of First Production this formation: 08/24/2006

Perforations Top: 6874 Bottom: 7124 No. Holes: 144 Hole size: _____

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

Codell refrac
Niobrara and Codell are commingled
Codell 7112'-7124', 48 holes, .42"
Frac'd Codell w/130271 gals Vistar with 244990 lbs Ottawa sand
Niobrara 6874'-6890', 96 holes, .43"
Nothing new happened in Niobrara for Codell refrac

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/12/2011 Hours: 24 Bbls oil: 15 Mcf Gas: 69 Bbls H2O: 12

Calculated 24 hour rate: _____ Bbls oil: 15 Mcf Gas: 69 Bbls H2O: 12 GOR: 4600

Test Method: Flowing Casing PSI: 602 Tubing PSI: 105 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1225 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7086 Tbg setting date: 08/01/2011 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)