

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:

400209844

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 05-123-30260-00 6. County: WELD
7. Well Name: GLOVER USX B Well Number: 15-02CD
8. Location: QtrQtr: NWSE Section: 15 Township: 5N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/11/2011 Date of First Production this formation: 02/16/2011

Perforations Top: 7028 Bottom: 7224 No. Holes: 104 Hole size:

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

Codell & Niobrara are commingled after Niobrara recomplete
Codell 7210'-7224', 56 holes
Niobrara 7028'-7126', 48 holes

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

Test Information:

Date: 02/18/2011 Hours: 24 Bbls oil: 39 Mcf Gas: 259 Bbls H2O: 31

Calculated 24 hour rate: Bbls oil: 39 Mcf Gas: 259 Bbls H2O: 31 GOR: 6641

Test Method: Flowing Casing PSI: 300 Tubing PSI: 0 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1346 API Gravity Oil: 53

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: Justin Garrett

Title: Regulatory Specialist Date: 9/29/2011 Email JDGarrett@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400209844	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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