

**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:

400224629

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: Eileen Roberts
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-32939-00 6. County: WELD
7. Well Name: KARCH STATE Well Number: D10-22
8. Location: QtrQtr: SWNE Section: 10 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
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Treatment Date: <u>09/06/2011</u>	Date of First Production this formation: <u>09/09/2011</u>
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Perforations Top: <u>6701</u> Bottom: <u>6928</u>	No. Holes: <u>96</u> Hole size: <u>0</u>
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Provide a brief summary of the formation treatment: ☐ Open Hole: ☐

Frac'd Niobrara-Codell w/ 273022 gals of Silverstim and Slick Water with 497,200#'s of Ottawa sand.

The Codell is producing through a Composite Flow Through Plug.

Commingled the Niobrara and Codell.

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

Test Information:

Date: <u>09/16/2011</u>	Hours: <u>8</u>	Bbls oil: <u>38</u>	Mcf Gas: <u>107</u>	Bbls H2O: <u>18</u>
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Calculated 24 hour rate:	Bbls oil: <u>38</u>	Mcf Gas: <u>107</u>	Bbls H2O: <u>18</u>	GOR: <u>2815</u>
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Test Method: <u>FLOWING</u>	Casing PSI: <u>1100</u>	Tubing PSI: <u>0</u>	Choke Size: <u>010/64</u>
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Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1283</u>	API Gravity Oil: <u>51</u>
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Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
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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: Eileen RobertsTitle: Regulatory Specialist Date: _____ Email: eroberts@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)