

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:

400230316

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

2. Name of Operator: NOBLE ENERGY INC

3. Address: 1625 BROADWAY STE 2200

City: DENVER State: CO Zip: 80202

4. Contact Name: Andrea Rawson

Phone: (303) 228-4253

Fax: (303) 228-4286

5. API Number 05-123-33013-00

7. Well Name: POWERS

8. Location: QtrQtr: SWSE Section: 27 Township: 2N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: X27-15

Completed Interval

FORMATION: DAKOTA

Status: PRODUCING

Treatment Date: 10/21/2011

Date of First Production this formation: 10/25/2011

Perforations Top: 7902 Bottom: 7968 No. Holes: 113 Hole size: 0

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd Dakota w/ 36,330 gals of pHaserFrac and 58,700#s of Ottawa sand.
Dakota is producing through flow through plug.

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

Test Information:

Date: 10/28/2011 Hours: 24 Bbls oil: 76 Mcf Gas: 87 Bbls H2O: 130

Calculated 24 hour rate: Bbls oil: 76 Mcf Gas: 87 Bbls H2O: 130 GOR: 1145

Test Method: Flowing Casing PSI: 520 Tubing PSI: 0 Choke Size: 12

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1204 API Gravity Oil: 49

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:

FORMATION: J SAND Status: PRODUCING

Treatment Date: 10/21/2011 Date of First Production this formation: 10/25/2011

Perforations Top: 7695 Bottom: 7734 No. Holes: 71 Hole size: 0

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

Frac'd J-Sand w/ 147,126 gals of Silverstim with 281,000#'s of Ottawa sand.
J-Sand producing thorough flow plug.

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

Test Information:

Date: 10/28/2011 Hours: 24 Bbls oil: 76 Mcf Gas: 87 Bbls H2O: 130

Calculated 24 hour rate: Bbls oil: 76 Mcf Gas: 87 Bbls H2O: 130 GOR: 1145

Test Method: Flowing Casing PSI: 520 Tubing PSI: 0 Choke Size: 12

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1204 API Gravity Oil: 49

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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/21/2011 Date of First Production this formation: 10/25/2011

Perforations Top: 7017 Bottom: 7263 No. Holes: 91 Hole size: _____

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

Niobrara perms 7017-7120. 50 shots.
Codell 7253-7263. 41 shots.
Frac'd codell/Niobrara w/ 270,900 gals of Slick water, Silverstim and 15% HCl with 517,000#'s of Sand.
Commingle Codell and Niobrara.

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

Test Information:

Date: 10/28/2011 Hours: 24 Bbls oil: 76 Mcf Gas: 87 Bbls H2O: 130

Calculated 24 hour rate: Bbls oil: 76 Mcf Gas: 87 Bbls H2O: 130 GOR: 1145

Test Method: Flowing Casing PSI: 520 Tubing PSI: 0 Choke Size: 12

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1204 API Gravity Oil: 49

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: 12/12/2011

Email arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400230316	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)