

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 05-123-23169-00

6. County: WELD

7. Well Name: PATRIOT B

Well Number: 16-1

8. Location: QtrQtr: NENE Section: 16 Township: 5N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELLStatus: SHUT INTreatment Date: 08/31/2011

Date of First Production this formation: _____

Perforations Top: 6850 Bottom: 6863 No. Holes: 52 Hole size: 0.41

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: _____

Codell under sand plug @ 6985. Will commingle at a later date.

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARAStatus: PRODUCINGTreatment Date: 08/31/2011Date of First Production this formation: 09/02/2011Perforations Top: 6562 Bottom: 6690 No. Holes: 64 Hole size: 0.73

Provide a brief summary of the formation treatment: _____

Open Hole: ☐

RE-Frac'd Niobrara w/ 155,505 gals of Vistar and 15% HCl with 248,640#'s of Ottawa sand.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 09/16/2011 Hours: 24 Bbls oil: 18 Mcf Gas: 135 Bbls H2O: 11Calculated 24 hour rate: _____ Bbls oil: 18 Mcf Gas: 135 Bbls H2O: 11 GOR: 7500Test Method: Flowing Casing PSI: 200 Tubing PSI: 0 Choke Size: 14Gas Disposition: SOLD Gas Type: WET BTU Gas: 1342 API Gravity Oil: 54

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 RawsonTitle: 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)