

FORMATION: J SAND Status: SHUT IN

Treatment Date: 09/01/2011 Date of First Production this formation: _____

Perforations Top: 7178 Bottom: 7230 No. Holes: 144 Hole size: _____

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

J-Sand under bridge plug @ 6851.

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: _____

Will be commingled at a later date.

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: 09/01/2011 Date of First Production this formation: 09/14/2011

Perforations Top: 6512 Bottom: 6726 No. Holes: 208 Hole size: _____

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

Niobrara perms 6512-6610.
Re-Frac Niobrara w/ 154,538 gals of Slick Water, Vistar, 15% HCl with 250,920#'s of Ottawa sand.
Commingle Codell and Niobrara.

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/23/2011 Hours: 24 Bbls oil: 18 Mcf Gas: 25 Bbls H2O: 2

Calculated 24 hour rate: _____ Bbls oil: 18 Mcf Gas: 25 Bbls H2O: 2 GOR: 1389

Test Method: Flowing Casing PSI: 1600 Tubing PSI: 1400 Choke Size: 40

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1221 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6687 Tbg setting date: 09/09/2011 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: Andrea Rawson

Title: 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)