

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:

400237051

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 05-123-34030-00	6. County: WELD
7. Well Name: Land USX	Well Number: Y31-01
8. Location: QtrQtr: NENE Section: 31 Township: 2N Range: 64W Meridian: 6	
9. Field Name: WATTENBERG	Field Code: 90750

Completed IntervalFORMATION: J SANDStatus: PRODUCINGTreatment Date: 10/20/2011Date of First Production this formation: 11/12/2011Perforations Top: 7577 Bottom: 7615 No. Holes: 80 Hole size: 0.4

Provide a brief summary of the formation treatment:

Open Hole: ☐Frac'd J-Sand w/ 148,690 gals of Slick Water and Silverstim with 280,500#'s of Ottawa sand.This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 11/11/2011 Hours: 24 Bbls oil: 47 Mcf Gas: 162 Bbls H2O: 25Calculated 24 hour rate: Bbls oil: 47 Mcf Gas: 162 Bbls H2O: 25 GOR: 3447Test Method: Flowing Casing PSI: 400 Tubing PSI: 0 Choke Size: 12Gas Disposition: SOLD Gas Type: WET BTU Gas: 1259 API Gravity Oil: 62

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-CODELLStatus: PRODUCINGTreatment Date: 10/20/2011Date of First Production this formation: 11/02/2011Perforations Top: 6921 Bottom: 7139 No. Holes: 96 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐Frac'd Codell/Niobrara w/ 271,135 gals of Slick Water and Silverstim with 494,000#'s of Ottawa sand.Commingled Codell and Niobrara.Niobrara perfs 6921-7011 48 holes. Codell perfs 7127-7139 48 holes.This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 11/11/2011 Hours: 24 Bbls oil: 47 Mcf Gas: 162 Bbls H2O: 25Calculated 24 hour rate: Bbls oil: 47 Mcf Gas: 162 Bbls H2O: 25 GOR: 3447Test Method: Flowing Casing PSI: 400 Tubing PSI: 0 Choke Size: 12Gas Disposition: SOLD Gas Type: WET BTU Gas: 1259 API Gravity Oil: 62

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 SpecialistDate: _____ arawson@nobleenergyinc.com

Email
:

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)