



## 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.

Document Number:

400238010

1. OGCC Operator Number: <u>100322</u>	4. Contact Name: <u>Andrea Rawson</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4253</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-31881-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Cannon H</u>	Well Number: <u>35-24</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>35</u> Township: <u>3N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

### Completed Interval

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>08/25/2011</u>		Date of First Production this formation: <u>10/14/2011</u>	
Perforations	Top: <u>7618</u>	Bottom: <u>7650</u>	No. Holes: <u>96</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>Frac'd J-Sand w/ 151,450 gals of Slick Water and silverstim with 276,000#'s of Ottawa sand. J-Sand producing through 2 composite flow plugs.</div>			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>			
Date: <u>10/21/2011</u>	Hours: <u>24</u>	Bbls oil: <u>127</u>	Mcf Gas: <u>506</u> Bbls H2O: <u>22</u>
Calculated 24 hour rate:		Bbls oil: <u>127</u>	Mcf Gas: <u>506</u> Bbls H2O: <u>22</u> GOR: <u>3984</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>500</u>	Tubing PSI: <u>0</u>	Choke Size: <u>12</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1271</u>	API Gravity Oil: <u>54</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: <div></div>			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: NIOBRARA-CODELL		Status: PRODUCING			
Treatment Date: 08/25/2011		Date of First Production this formation: 10/14/2011			
Perforations	Top: 6906	Bottom: 7148	No. Holes: 104	Hole size:	
Provide a brief summary of the formation treatment:		Open Hole:			
Niobrara perms 6906-7014 (48 holes). Codell perms 7134-7148 (56 holes) Frac'd Niobrara / Codell with 272,230 gals of Slick Water, Silverstim, and 15% HCl with 495,100#'s of Ottawa sand. Commingled Codell and Niobrara. Codell producing through 2 composite flow plug.					
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:					
Date: 10/21/2011	Hours: 24	Bbls oil: 127	Mcf Gas: 506	Bbls H2O: 22	
Calculated 24 hour rate:		Bbls oil: 127	Mcf Gas: 506	Bbls H2O: 22	GOR: 3984
Test Method: Flowing		Casing PSI: 500	Tubing PSI: 0	Choke Size: 12	
Gas Disposition: SOLD		Gas Type: WET	BTU Gas: 1271	API Gravity Oil: 54	
Tubing Size:		Tubing Setting Depth:	Tbg setting date:	Packer Depth:	
Reason for Non-Production:					
Date formation Abandoned:		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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

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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****User Group****Comment****Comment Date**

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Total: 0 comment(s)