

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:

400232368

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 05-123-15809-00 6. County: WELD  
7. Well Name: SPIKE ST GWS Well Number: C 24-09  
8. Location: QtrQtr: NESE Section: 24 Township: 4N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

**Completed Interval**

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>09/06/2011</u>	Date of First Production this formation: <u>09/08/2011</u>
Perforations Top: <u>6778</u> Bottom: <u>6787</u>	No. Holes: <u>36</u> Hole size: <u>0.2</u>
Provide a brief summary of the formation treatment: <u>RE-Frac'd Codell w/ 125,622 gals of Slick Water and Vistar with 235,680#'s of Ottawa sand.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>09/23/2011</u> Hours: <u>24</u> Bbls oil: <u>5</u> Mcf Gas: <u>21</u> Bbls H2O: <u>5</u>	
Calculated 24 hour rate: Bbls oil: <u>5</u> Mcf Gas: <u>21</u> Bbls H2O: <u>5</u> GOR: <u>4200</u>	
Test Method: <u>Flowing</u> Casing PSI: <u>1125</u> Tubing PSI: <u>870</u> Choke Size: <u>20</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1338</u> API Gravity Oil: <u>55</u>	
Tubing Size: <u>2 + 1/16</u> Tubing Setting Depth: <u>6751</u> Tbg setting date: <u>09/16/2011</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

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: 12/14/2011 Email: arawson@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Name
400232368	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)