

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

5. API Number 05-123-31884-00
6. County: WELD
7. Well Name: Cannon H
Well Number: 35-20
8. Location: QtrQtr: NWSW Section: 35 Township: 3N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed IntervalFORMATION: J SANDStatus: PRODUCINGTreatment Date: 08/23/2011Date of First Production this formation: 10/14/2011Perforations Top: 7600 Bottom: 7629 No. Holes: 60 Hole size: 0.41

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd J-sand w/ 148,809 gals of Silverstim and Slick Water with 280,000#'s of Ottawa sand.
J-Sand producing through 2 composite flow plugs.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 10/21/2011 Hours: 24 Bbls oil: 70 Mcf Gas: 232 Bbls H2O: 15Calculated 24 hour rate: Bbls oil: 70 Mcf Gas: 232 Bbls H2O: 15 GOR: 3314Test Method: Flowing Casing PSI: 1800 Tubing PSI: 0 Choke Size: 12Gas Disposition: SOLD Gas Type: WET BTU Gas: 1255 API Gravity Oil: 46

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: 08/23/2011Date of First Production this formation: 10/14/2011Perforations Top: 6910 Bottom: 7143 No. Holes: 104 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

Niobrara perms 6910-7028 (48 holes), Codell perms 7129-7143 (56 holes).
Frac'd Niobrara / Codell with 270,649 gals of Silverstim, Slick water, and 15% HCl with 492,500#'s of Ottawa sand.
Commingled Codell and Niobrara.
Codell producing through 2 composite flow plugs.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 10/21/2011 Hours: 24 Bbls oil: 70 Mcf Gas: 232 Bbls H2O: 15Calculated 24 hour rate: Bbls oil: 70 Mcf Gas: 232 Bbls H2O: 15 GOR: 3314Test Method: Flowing Casing PSI: 1800 Tubing PSI: 0 Choke Size: 12Gas Disposition: SOLD Gas Type: WET BTU Gas: 1255 API Gravity Oil: 46

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 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)