

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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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:

400239375

1. OGCC Operator Number: 100322

4. Contact Name: Eileen Roberts

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 2284330

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 2284286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-33621-00

6. County: WELD

7. Well Name: SPIKE STATE

Well Number: D10-21D

8. Location: QtrQtr: SWNE Section: 10 Township: 3N Range: 64W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed IntervalFORMATION: J SANDStatus: PRODUCINGTreatment Date: 08/27/2011Date of First Production this formation: 09/09/2011Perforations Top: 7556 Bottom: 7604 No. Holes: 112 Hole size: 0.4

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd the J-Sand w/ 148608 gals of Silverstim and Slick Water with 283,500#'s of Ottawa sand.

The J-Sand is producing through a Composite Flow Through Plug.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 09/16/2011 Hours: 24 Bbls oil: 68 Mcf Gas: 189 Bbls H2O: 29Calculated 24 hour rate: Bbls oil: 68 Mcf Gas: 189 Bbls H2O: 29 GOR: 2779Test Method: FLOWING Casing PSI: 700 Tubing PSI: 0 Choke Size: 010/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1295 API Gravity Oil: 53

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: 08/27/2011Date of First Production this formation: 09/09/2011Perforations Top: 6861 Bottom: 7087 No. Holes: 104 Hole size: 0

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd the Niobrara-Codell w/ 273994 gals of Silverstim and Slick Water with 497,600#'s of Ottawa sand.

The Codell is producing through a Composite Flow Through Plug.

Commingle the Niobrara and Codell.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 09/16/2011 Hours: 24 Bbls oil: 68 Mcf Gas: 189 Bbls H2O: 29Calculated 24 hour rate: Bbls oil: 68 Mcf Gas: 189 Bbls H2O: 29 GOR: 2779Test Method: FLOWING Casing PSI: 700 Tubing PSI: 0 Choke Size: 010/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1295 API Gravity Oil: 53

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: Eileen Roberts

Title: Regulatory Specialist

Date: _____

Email : eroberts@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> |
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Total: 0 comment(s)