

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 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 05-123-33522-00 6. County: WELD  
 7. Well Name: Howard USX Well Number: A09-15D  
 8. Location: QtrQtr: SESE Section: 9 Township: 6N Range: 64W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

## Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>09/23/2011</u>		Date of First Production this formation: <u>09/26/2011</u>	
Perforations	Top: <u>6960</u>	Bottom: <u>7196</u>	No. Holes: <u>100</u> Hole size: <u>0</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<p>Frac'd the Niobrara-Codell w/276047 gals of Silverstim and Slick Water with 502,500#'s of Ottawa sand.</p> <p>Commingled the Niobrara and Codell.</p>			
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>2</u>	Bbls oil: <u>21</u>	Mcf Gas: <u>47</u> Bbls H2O: <u>6</u>
Calculated 24 hour rate:		Bbls oil: <u>21</u>	Mcf Gas: <u>47</u> Bbls H2O: <u>6</u> GOR: <u>2238</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1642</u>	Tubing PSI: <u>537</u>	Choke Size: <u>016/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1278</u>	API Gravity Oil: <u>50</u>
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: Eileen RobertsTitle: 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>

Total: 0 comment(s)