

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400245510

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 05-123-32259-00 6. County: WELD
7. Well Name: POWERS Well Number: X22-02
8. Location: QtrQtr: NWNE Section: 22 Township: 2N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: DAKOTA Status: PRODUCING

Treatment Date: 10/06/2011 Date of First Production this formation: 12/10/2011

Perforations Top: 7871 Bottom: 7917 No. Holes: 56 Hole size:

Provide a brief summary of the formation treatment: Open Hole: []

Frac'd Dakota W/ 39,665 gals of pHaserFrac with 56,800#'s of Ottawa sand. Dakota producing through composite flow plug.

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 12/16/2011 Hours: 24 Bbls oil: 19 Mcf Gas: 315 Bbls H2O: 10

Calculated 24 hour rate: Bbls oil: 19 Mcf Gas: 315 Bbls H2O: 10 GOR: 16579

Test Method: Flowing Casing PSI: 175 Tubing PSI: 0 Choke Size: 20

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1150 API Gravity Oil: 57

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: J SAND Status: PRODUCING

Treatment Date: 10/06/2011 Date of First Production this formation: 12/10/2011

Perforations Top: 7624 Bottom: 7636 No. Holes: 48 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

Frac'd J-Sand with 149,562 gals of Silverstim with 279,450#'s of Ottawa sand.
J-Sand producing through composite flow plug.

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/16/2011 Hours: 24 Bbls oil: 19 Mcf Gas: 315 Bbls H2O: 10

Calculated 24 hour rate: _____ Bbls oil: 19 Mcf Gas: 315 Bbls H2O: 10 GOR: 16579

Test Method: Flowing Casing PSI: 175 Tubing PSI: 0 Choke Size: 20

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1150 API Gravity Oil: 57

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-CODELL Status: PRODUCING

Treatment Date: 10/06/2011 Date of First Production this formation: 12/10/2011

Perforations Top: 7029 Bottom: 7191 No. Holes: 88 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

Niobrara perms 7029-7045 (32 holes), Codell perms 7177-7191 (56 holes).
Frac'd Niobrara / Codell with 272,912 gals of Silverstim with 487,750#'s of Ottawa sand.
Codell producing through composite flow plug.
Commingle Codell and Niobrara.

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/16/2011 Hours: 24 Bbls oil: 19 Mcf Gas: 315 Bbls H2O: 10

Calculated 24 hour rate: _____ Bbls oil: 19 Mcf Gas: 315 Bbls H2O: 10 GOR: 16579

Test Method: Flowing Casing PSI: 175 Tubing PSI: 0 Choke Size: 20

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1150 API Gravity Oil: 57

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: _____ arawson@nobleenergyinc.com

Email
:

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)