

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:

400250392

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: Eileen Roberts
Phone: (303) 2284330
Fax: (303) 2284286

5. API Number 05-123-34068-00
6. County: WELD
7. Well Name: STEWARDSOON USX
Well Number: WW33-01D
8. Location: QtrQtr: NWNE Section: 33 Township: 1N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed IntervalFORMATION: J SANDStatus: PRODUCINGTreatment Date: 10/27/2011Date of First Production this formation: 11/01/2011Perforations Top: 8315 Bottom: 8340 No. Holes: 64 Hole size: 0.4

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd the J-Sand w/ 150250 gals of Silverstim and Slick Water with 280,800#'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: 11/04/2011 Hours: 24 Bbls oil: 27 Mcf Gas: 0 Bbls H2O: 50Calculated 24 hour rate: Bbls oil: 27 Mcf Gas: 0 Bbls H2O: 50 GOR: 0Test Method: FLOWING Casing PSI: 250 Tubing PSI: 0 Choke Size: 010/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1401 API Gravity Oil: 47

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: 10/27/2011Date of First Production this formation: 11/01/2011Perforations Top: 7636 Bottom: 7886 No. Holes: 88 Hole size: 0

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd the Niobrara-Codell w/ 264177 gals of Silverstim and Slick Water with 492,160#'s of Ottawa sand.

The codell is producing through a Composite Flow Through Plug.

Commingled the Niobrara and Codell.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 11/04/2011 Hours: 24 Bbls oil: 27 Mcf Gas: 0 Bbls H2O: 50Calculated 24 hour rate: Bbls oil: 27 Mcf Gas: 0 Bbls H2O: 50 GOR: 0Test Method: FLOWING Casing PSI: 250 Tubing PSI: 0 Choke Size: 010/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1401 API Gravity Oil: 47

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>

Total: 0 comment(s)