

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

Document Number:

400238010

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: <u>100322</u>	4. Contact Name: <u>Andrea Rawson</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4253</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-31881-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Cannon H</u>	Well Number: <u>35-24</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>35</u> Township: <u>3N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 08/25/2011 Date of First Production this formation: 10/14/2011

Perforations Top: 7618 Bottom: 7650 No. Holes: 96 Hole size: _____

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

Frac'd J-Sand w/ 151,450 gals of Slick Water and silverstim with 276,000#'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: 127 Mcf Gas: 506 Bbls H2O: 22

Calculated 24 hour rate: _____ Bbls oil: 127 Mcf Gas: 506 Bbls H2O: 22 GOR: 3984

Test Method: Flowing Casing PSI: 500 Tubing PSI: 0 Choke Size: 12

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1271 API Gravity Oil: 54

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: 08/25/2011 Date of First Production this formation: 10/14/2011

Perforations Top: 6906 Bottom: 7148 No. Holes: 104 Hole size: _____

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

Niobrara perms 6906-7014 (48 holes). Codell perms 7134-7148 (56 holes)
Frac'd Niobrara / Codell with 272,230 gals of Slick Water, Silverstim, and 15% HCl with 495,100#'s of Ottawa sand.
Commingle Codell and Niobrara.
Codell producing through 2 composite flow plug.

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/21/2011 Hours: 24 Bbls oil: 127 Mcf Gas: 506 Bbls H2O: 22

Calculated 24 hour rate: _____ Bbls oil: 127 Mcf Gas: 506 Bbls H2O: 22 GOR: 3984

Test Method: Flowing Casing PSI: 500 Tubing PSI: 0 Choke Size: 12

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1271 API Gravity Oil: 54

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: 1/5/2012 Email : arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400238010	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)