

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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Document Number:

400238010

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

2. Name of Operator: NOBLE ENERGY INC

3. Address: 1625 BROADWAY STE 2200

City: DENVER State: CO Zip: 80202

4. Contact Name: Andrea Rawson

Phone: (303) 228-4253

Fax: (303) 228-4286

5. API Number 05-123-31881-00

7. Well Name: Cannon H

8. Location: QtrQtr: SESW Section: 35 Township: 3N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 35-24

Completed Interval

FORMATION: J SANDStatus: PRODUCINGTreatment Date: 08/25/2011Date of First Production this formation: 10/14/2011Perforations 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: 22Calculated 24 hour rate: Bbls oil: 127 Mcf Gas: 506 Bbls H2O: 22 GOR: 3984Test Method: Flowing Casing PSI: 500 Tubing PSI: 0 Choke Size: 12Gas 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-CODELLStatus: PRODUCINGTreatment Date: 08/25/2011Date of First Production this formation: 10/14/2011Perforations Top: 6906 Bottom: 7148 No. Holes: 104 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

Niobrara perfs 6906-7014 (48 holes). Codell perfs 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.
Commingled 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: 22Calculated 24 hour rate: Bbls oil: 127 Mcf Gas: 506 Bbls H2O: 22 GOR: 3984Test Method: Flowing Casing PSI: 500 Tubing PSI: 0 Choke Size: 12Gas 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

User Group **Comment** **Comment Date**

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Total: 0 comment(s)