

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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Date Received:

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 05-123-19793-00
6. County: WELD
7. Well Name: State-Tincup
Well Number: 13-16
8. Location: QtrQtr: SWSW Section: 16 Township: 8N Range: 59W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA	Status: PRODUCING
Treatment Date: 09/22/2011	Date of First Production this formation: 10/13/2011
Perforations Top: 5964 Bottom: 6076	No. Holes: 48 Hole size:
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Frac'd Niobrara w/ 128,750 gals of Slick Water, Lightning, and 15% HCl with 155,675#'s of Ottawa sand.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: 10/21/2011 Hours: 24	Bbls oil: 39 Mcf Gas: 113 Bbls H2O: 20
Calculated 24 hour rate:	Bbls oil: 39 Mcf Gas: 113 Bbls H2O: 20 GOR: 2897
Test Method: Flowing	Casing PSI: 70 Tubing PSI: 190 Choke Size: 16
Gas Disposition: SOLD	Gas Type: WET BTU Gas: 1507 API Gravity Oil: 35
Tubing Size: 2 + 7/8	Tubing Setting Depth: 6189 Tbg setting date: 10/04/2011 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: Andrea Rawson

Title: Regulatory Specialist Date: Email: arawson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400260651	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)