

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:

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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

4. Contact Name: Cheryl Johnson

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4437

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-33412-00

6. County: WELD

7. Well Name: BROWN PC E

Well Number: 02-31D

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

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: COMMINGLED

Treatment Date: 09/14/2011

Date of First Production this formation: 09/17/2011

Perforations Top: 7004 Bottom: 7305 No. Holes: 104 Hole size: 0

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd Niobrara-Codell w/268,741 gal of Silverstim and slickwater w/494,700# of Ottawa Sand.

The Codell is producing through a composite flow-through plug.

Commingled the Codell Niobrara.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 11/11/2011 Hours: 24 Bbls oil: 109 Mcf Gas: 131 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 109 Mcf Gas: 131 Bbls H2O: 0 GOR: 1202

Test Method: flowing Casing PSI: 1292 Tubing PSI: 1125 Choke Size: 026/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1310 API Gravity Oil: 46

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: Cheryl Johnson

Title: Regulatory Analyst II

Date: _____

Email: cheryljohnson@nobleenergyinc.com

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)