

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

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: Eileen Roberts  
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330  
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286  
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-31129-00 6. County: WELD  
 7. Well Name: SATER CC Well Number: 18-24  
 8. Location: QtrQtr: SWSE Section: 18 Township: 4N Range: 63W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORRARA-CODELL Status: PRODUCING

Treatment Date: 12/20/2011 Date of First Production this formation: 01/09/2012

Perforations Top: 6523 Bottom: 6726 No. Holes: 96 Hole size: 0

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

Frac'd the Niobrara-Codell w/ 400630 gals of Silverstim and Slick Water with 297,580#'s of Ottawa sand.  
The Codell is producing through a Composite Flow Through Plug.  
Commingle the Niobrara and Codell.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 01/13/2012 Hours: 8 Bbls oil: 107 Mcf Gas: 191 Bbls H2O: 74

Calculated 24 hour rate: Bbls oil: 107 Mcf Gas: 191 Bbls H2O: 74 GOR: 1785

Test Method: FLOWING Casing PSI: 1600 Tubing PSI: 0 Choke Size: 014/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1283 API Gravity Oil: 53

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

### **Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>

Total Attach: 0 Files

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

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