

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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400250392

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02/09/2012

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: <u>100322</u>	4. Contact Name: <u>Eileen Roberts</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 2284330</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 2284286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-34068-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>STEWARDSON USX</u>	Well Number: <u>WW33-01D</u>
8. Location: QtrQtr: <u>NWNE</u> Section: <u>33</u> Township: <u>1N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/27/2011</u>	Date of First Production this formation: <u>11/01/2011</u>
Perforations Top: <u>8315</u> Bottom: <u>8340</u>	No. Holes: <u>64</u> Hole size: <u>0.4</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Frac'd the J-Sand w/ 150250 gals of Silverstim and Slick Water with 280,800#'s of Ottawa sand. The J-Sand is producing through a composite Flow Through Plug.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>11/04/2011</u> Hours: <u>24</u>	Bbls oil: <u>27</u> Mcf Gas: <u>0</u> Bbls H2O: <u>50</u>
Calculated 24 hour rate:	Bbls oil: <u>27</u> Mcf Gas: <u>0</u> Bbls H2O: <u>50</u> GOR: <u>0</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>250</u> Tubing PSI: <u>0</u> Choke Size: <u>010/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1401</u> API Gravity Oil: <u>47</u>
Tubing Size: _____	Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/27/2011</u>	Date of First Production this formation: <u>11/01/2011</u>
Perforations Top: <u>7636</u> Bottom: <u>7886</u>	No. Holes: <u>88</u> Hole size: <u>0</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Frac'd the Niobrara-Codell w/ 264177 gals of Silverstim and Slick Water with 492,160#'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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>11/04/2011</u> Hours: <u>24</u>	Bbls oil: <u>27</u> Mcf Gas: <u>0</u> Bbls H2O: <u>50</u>
Calculated 24 hour rate:	Bbls oil: <u>27</u> Mcf Gas: <u>0</u> Bbls H2O: <u>50</u> GOR: <u>0</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>250</u> Tubing PSI: <u>0</u> Choke Size: <u>010/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1401</u> API Gravity Oil: <u>47</u>
Tubing Size: _____	Tubing Setting Depth: _____ Tbg setting date: _____ 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: Eileen Roberts _____

Title: Regulatory Specialist _____

Date: 2/9/2012 _____

Email: eroberts@nobleenergyinc.com _____

Attachment Check List

Att Doc Num	Name
400250392	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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

Total: 0 comment(s)