

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 05-125-12016-00

6. County: YUMA

7. Well Name: Stults

Well Number: 24-4B

8. Location: QtrQtr: SESW Section: 4 Township: 1S Range: 45W Meridian: 6

9. Field Name: REPUBLICAN Field Code: 73275

Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: 01/10/2012

Date of First Production this formation: 02/02/2012

Perforations Top: 2300 Bottom: 2342 No. Holes: 126 Hole size: 0.41

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac: 500 gals 7.5% HCL acid breakdown; 10,000 gals 30% CO2 foamed gel pad; 31,254 gals 33% CO2 foamed gel w/50,100# 16/30 Texas Gold sand and 50,020# 12/20 Texas Gold sand. Flush w/1,497 gals 30% CO2 foamed gel to top perms.

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

Test Information:

Date: 02/02/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 98 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 98 Bbls H2O: 0 GOR: 0

Test Method: flowing Casing PSI: 450 Tubing PSI: 0 Choke Size: 0.5

Gas Disposition: SOLD Gas Type: WET BTU Gas: 990 API Gravity Oil: 0

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)