

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400266117

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 05-125-12023-00 6. County: YUMA
 7. Well Name: Stults Well Number: 31-4
 8. Location: QtrQtr: Lot 2 Section: 4 Township: 1S Range: 45W Meridian: 6
 9. Field Name: REPUBLICAN Field Code: 73275

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 12/28/2011 Date of First Production this formation: 02/07/2012

Perforations Top: 2255 Bottom: 2299 No. Holes: 132 Hole size: 0.41

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

Frac: 500 gals 7.5% HCL acid breakdown; 200 bls MAV-100 gelled water pad; 42,168 gals 33% CO2 foamed gel w/82,040# 16/30 Daniels sand and 43,000# 12/20 Texas Gold sand. Flush w/1497 gals 30% CO2 foamed gel to top perms.

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/07/2012 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: 340 Tubing PSI: _____ 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)