

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: Liz Lindow

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4342

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-32815-00

6. County: WELD

7. Well Name: BERNHARDT PC J

Well Number: 31-32D

8. Location: QtrQtr: NWNW Section: 31 Township: 5N Range: 66W Meridian: 6

9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL

Status: COMMINGLED

Treatment Date: 02/13/2012

Date of First Production this formation: 02/15/2012

Perforations Top: 7367 Bottom: 7694 No. Holes: 126 Hole size: 0

Provide a brief summary of the formation treatment:

Open Hole: ☐

272913 gal silverstim/slick water; 495874 lbs Ottawa proppant

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

Test Information:

Date: 02/15/2012 Hours: 24 Bbls oil: 30 Mcf Gas: 224 Bbls H2O: 50

Calculated 24 hour rate: Bbls oil: 30 Mcf Gas: 224 Bbls H2O: 50 GOR: 7467

Test Method: Flowing Casing PSI: 450 Tubing PSI: 0 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1234 API Gravity Oil: 55

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7652 Tbg setting date: 03/06/2012 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: Liz Lindow

Title: Regulatory Analyst Date: Email: llindow@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)