

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

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

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: NIOBRARA-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.
Commingled the Niobrara and Codell.

This formation is commingled with another formation: [] Yes [X] 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

Attachment Check List

Att Doc Num	Name
400262932	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)