

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:

400262229

Date Received:

03/29/2012

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: 100322
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Liz Lindow
Phone: (303) 228-4342
Fax: _____

5. API Number 05-123-34352-00
6. County: WELD
7. Well Name: BURROUGH C
Well Number: 23-30D
8. Location: QtrQtr: NESW Section: 14 Township: 4N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIORARA-CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>12/28/2011</u>	Date of First Production this formation: <u>12/30/2011</u>
Perforations Top: <u>6893</u> Bottom: <u>7092</u>	No. Holes: <u>100</u> Hole size: <u>0</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>311750 lbs of Ottawa Proppant; 402145 gal Slick Water</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>01/06/2011</u> Hours: <u>24</u> Bbls oil: <u>103</u> Mcf Gas: <u>264</u> Bbls H2O: <u>25</u>	
Calculated 24 hour rate:	Bbls oil: <u>103</u> Mcf Gas: <u>264</u> Bbls H2O: <u>25</u> GOR: <u>2563</u>
Test Method: <u>Flowing</u> Casing PSI: <u>85</u> Tubing PSI: <u>0</u> Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1189</u> API Gravity Oil: <u>56</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7054</u> Tbg setting date: <u>02/11/2012</u> 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: Liz Lindow

Title: Regulatory Analyst Date: 3/29/2012 Email: llindow@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400262229	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)