

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400280104

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: Andrea Rawson

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 228-4253

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 228-4286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-32838-00

6. County: WELD

7. Well Name: DECHANT D

Well Number: 31-22D

8. Location: QtrQtr: NESE Section: 31

Township: 3N

Range: 64W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

Completed Interval

FORMATION: J SANDStatus: PRODUCINGTreatment Date: 07/08/2011Date of First Production this formation: 08/27/2011Perforations Top: 7619 Bottom: 7667 No. Holes: 88 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac' J-Sand with 147,383 gals of Slick Water and Silverstim with 281,000#'s of Ottawa sand.
J-Sand producing through composite flow through plug.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 09/02/2011 Hours: 24 Bbls oil: 39 Mcf Gas: 270 Bbls H2O: 17Calculated 24 hour rate: Bbls oil: 39 Mcf Gas: 270 Bbls H2O: 17 GOR: 6923Test Method: Flowing Casing PSI: 650 Tubing PSI: 0 Choke Size: 12Gas Disposition: SOLD Gas Type: WET BTU Gas: 1303 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: _____

FORMATION: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 07/08/2011Date of First Production this formation: 08/27/2011Perforations Top: 6919 Bottom: 7169 No. Holes: 96 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

Niobrara perms 6919-7034 (48 holes), Codell perms 7157-7169 (48 holes).
Frac'd Niobrara and Codell with 259,595 gals of Slick Water, silverstim, and 15% HCl with 449,800#'s of Ottawa sand.
Commingled Codell and Niobrara.
Codell producing through composite flow through plug.

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 09/02/2011 Hours: 24 Bbls oil: 39 Mcf Gas: 270 Bbls H2O: 17Calculated 24 hour rate: Bbls oil: 39 Mcf Gas: 270 Bbls H2O: 17 GOR: 7436Test Method: Flowing Casing PSI: 650 Tubing PSI: 0 Choke Size: 12Gas Disposition: SOLD Gas Type: WET BTU Gas: 1303 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: Andrea Rawson _____

Title: Regulatory Specialist _____

Date: _____

Email : arawson@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)