

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:

400266561

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

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 05-125-12009-00

6. County: YUMA

7. Well Name: Stallings

Well Number: 22-7

8. Location: QtrQtr: SENW Section: 7 Township: 1N Range: 46w Meridian: 6

9. Field Name: SCHRAMM Field Code: 76825

Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: 11/15/2011

Date of First Production this formation: 11/28/2011

Perforations Top: 2543 Bottom: 2584 No. Holes: 123 Hole size: 0.41

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac: 500 gals 7.5% HCL acid; 10,000 gals 30% CO2 foamed gel pad; 31,235 gals 33% CO2 foamed gel w/50,040# 16/30 Texas Gold sand and 50,000# 12/20 Texas Gold sand. Flush w/1698 glas 30% CO2 foamed gel to top perf.

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

Test Information:

Date: 11/28/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 51 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 51 Bbls H2O: 0 GOR: 0

Test Method: flowing Casing PSI: 334 Tubing PSI: 0 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: 3/29/2012 Email: cheryljohnson@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400266561	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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