

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



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: Cheryl Johnson
Phone: (303) 228-4437
Fax: (303) 228-4286

5. API Number 05-123-33412-00
6. County: WELD
7. Well Name: BROWN PC E
Well Number: 02-31D
8. Location: QtrQtr: SENE Section: 3 Township: 6N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/14/2011 Date of First Production this formation: 09/17/2011

Perforations Top: 7004 Bottom: 7305 No. Holes: 104 Hole size: 0

Provide a brief summary of the formation treatment: Open Hole: []

Frac'd Niobrara-Codell w/268,741 gal of Silverstim and slickwater w/494,700# of Ottawa Sand.

The Codell is producing through a composite flow-through plug.

Commingled the Codell Niobrara.

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 11/11/2011 Hours: 24 Bbls oil: 109 Mcf Gas: 131 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 109 Mcf Gas: 131 Bbls H2O: 0 GOR: 1202

Test Method: flowing Casing PSI: 1292 Tubing PSI: 1125 Choke Size: 026/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1310 API Gravity Oil: 46

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

Attachment Check List

Att Doc Num	Name
400261174	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Corrected Formation Information from Commingled to Producing and notified Opr.	5/17/2012 9:03:05 AM

Total: 1 comment(s)