

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 2. Name of Operator: NOBLE ENERGY INC 3. Address: 1625 BROADWAY STE 2200 City: DENVER State: CO Zip: 80202 4. Contact Name: Kathleen Mills Phone: (720) 587-2226 Fax: (303) 228-4286

5. API Number 05-123-24128-00 6. County: WELD 7. Well Name: Sater USX CC Well Number: 19-10 8. Location: QtrQtr: NWSE Section: 19 Township: 4N Range: 63W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED Treatment Type: Treatment Date: End Date: Date of First Production this formation: 10/31/2011 Perforations Top: 6546 Bottom: 7250 No. Holes: 204 Hole size: Provide a brief summary of the formation treatment: Open Hole: []

COMMINGLE JSAND & NB-NC

This formation is commingled with another formation: [] Yes [X] No Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Min frac gradient (psi/ft): Total acid used in treatment (bbl): Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized: [] Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/22/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 20 Bbl H2O: 10 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 20 Bbl H2O: 10 GOR: 0 Test Method: FLOWING Casing PSI: 1000 Tubing PSI: 1000 Choke Size: 20/64 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1197 API Gravity Oil: 50 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7174 Tbg setting date: 10/13/2011 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: ** Wireline and Cement Job Summary must be attached.

FORMATION: J SAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/04/2011 End Date: 10/04/2011 Date of First Production this formation: 10/31/2011
Perforations Top: 7200 Bottom: 7250 No. Holes: 80 Hole size: 0.41

Provide a brief summary of the formation treatment: _____ Open Hole:

PERF'D 7200-7206', 7218-7226', 7244-7250'. FRAC'D W/ 160299 GAL VISTAR 20 AND SLICK WATER AND 281908# OTTAWA SAND. NO SEPARATE TEST INFO FOR JSAND

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3817 Max pressure during treatment (psi): 7247

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.59

Total acid used in treatment (bbl): _____ Number of staged intervals: 11

Recycled water used in treatment (bbl): 303 Flowback volume recovered (bbl): 153

Fresh water used in treatment (bbl): 3514 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 281908 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

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: _____ ** Wireline and Cement Job Summary must be attached.

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: _____ Print Name: Kathleen Mills
Title: Regulatory Analyst Date: _____ Email: kmills@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)