

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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## 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: Eileen Roberts  
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330  
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286  
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-33289-00 6. County: WELD  
 7. Well Name: JOHNSON PC EE Well Number: 33-09D  
 8. Location: QtrQtr: SWSE Section: 33 Township: 7N Range: 65W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

### Completed Interval

FORMATION: NIORBARA-CODELL Status: PRODUCING

Treatment Date: 06/08/2011 Date of First Production this formation: 07/25/2011  
 Perforations Top: 7298 Bottom: 7608 No. Holes: 104 Hole size: 0

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

Frac'd the Niobrara-Codell w/ 289901 gals of Silverstim and Slick Water with 500,000#'s of Ottawa sand.  
 The Codell is producing through a Composite Flow Through Plug.  
 Commingle the Niobrara and Codell.

This formation is commingled with another formation:  Yes  No

#### Test Information:

Date: 07/29/2011 Hours: 24 Bbls oil: 13 Mcf Gas: 0 Bbls H2O: 0  
 Calculated 24 hour rate: Bbls oil: 13 Mcf Gas: 0 Bbls H2O: 0 GOR: 0  
 Test Method: FLOWING Casing PSI: 255 Tubing PSI: 0 Choke Size: 014/64  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1289 API Gravity Oil: 43  
 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: Eileen Roberts

Title: Regulatory Specialist

Date: \_\_\_\_\_

Email eroberts@nobleenergyinc.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_

**Director of COGCC**

Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

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**Comment**

**Comment Date**

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

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