

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

Document Number:

400117754

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: Justin Garrett
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-23082-00 6. County: WELD
7. Well Name: SATER Well Number: 42-13
8. Location: QtrQtr: SENE Section: 13 Township: 4N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>		
Treatment Date: <u>11/17/2010</u>		Date of First Production this formation: <u>10/19/2005</u>		
Perforations	Top: <u>6718</u>	Bottom: <u>6730</u>	No. Holes: <u>48</u>	Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div>Codell Refrac & Niobrara recomplete Codell is producing through composite flow through plug Frac'd Codell w/138665 gals pHaserFrac, Acid, and Slick Water with 246500 lbs Ottawa sand</div>				
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Test Information:				
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: _____	API Gravity Oil: _____	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: _____ _____				
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____	
Bridge Plug Depth: _____		Sacks cement on top: _____		

FORMATION: <u>NIOBRARA-CODELL</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>11/17/2010</u>		Date of First Production this formation: <u>11/19/2010</u>			
Perforations	Top: <u>6452</u>	Bottom: <u>6730</u>	No. Holes: <u>96</u>	Hole size: <u> </u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;"> Codell Refrac & Niobrara recomplete Codell & Niobrara are commingled </div>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>11/23/2010</u>	Hours: <u>24</u>	Bbls oil: <u>40</u>	Mcf Gas: <u>285</u>	Bbls H2O: <u>0</u>	
Calculated 24 hour rate:		Bbls oil: <u>40</u>	Mcf Gas: <u>285</u>	Bbls H2O: <u>0</u>	GOR: <u>7125</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>440</u>	Tubing PSI: <u>0</u>	Choke Size: <u>14/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1378</u>	API Gravity Oil: <u>51</u>		
Tubing Size: <u> </u>	Tubing Setting Depth: <u> </u>	Tbg setting date: <u> </u>	Packer Depth: <u> </u>		
Reason for Non-Production:					
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u> </u>		
Bridge Plug Depth: <u> </u>		Sacks cement on top: <u> </u>			

FORMATION: <u>NIOBRARA</u>			Status: <u>COMMINGLED</u>		
Treatment Date: <u>11/17/2010</u>		Date of First Production this formation: <u>11/19/2010</u>			
Perforations	Top: <u>6452</u>	Bottom: <u>6542</u>	No. Holes: <u>48</u>	Hole size: <u>70/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;"> Codell Refrac & Niobrara recomplete Frac'd Niobrara w/165886 gals pHaserFrac and Slick Water with 250000 lbs Ottawa sand </div>					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Test Information:					
Date: <u> </u>	Hours: <u> </u>	Bbls oil: <u> </u>	Mcf Gas: <u> </u>	Bbls H2O: <u> </u>	
Calculated 24 hour rate:		Bbls oil: <u> </u>	Mcf Gas: <u> </u>	Bbls H2O: <u> </u>	GOR: <u> </u>
Test Method: <u> </u>	Casing PSI: <u> </u>	Tubing PSI: <u> </u>	Choke Size: <u> </u>		
Gas Disposition: <u> </u>	Gas Type: <u> </u>	BTU Gas: <u> </u>	API Gravity Oil: <u> </u>		
Tubing Size: <u> </u>	Tubing Setting Depth: <u> </u>	Tbg setting date: <u> </u>	Packer Depth: <u> </u>		
Reason for Non-Production:					
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u> </u>		
Bridge Plug Depth: <u> </u>		Sacks cement on top: <u> </u>			

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Justin Garrett

Title: Regulatory Specialist

Date: _____

Email JDGarrett@nobleenergyinc.com

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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

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

Total: 0 comment(s)